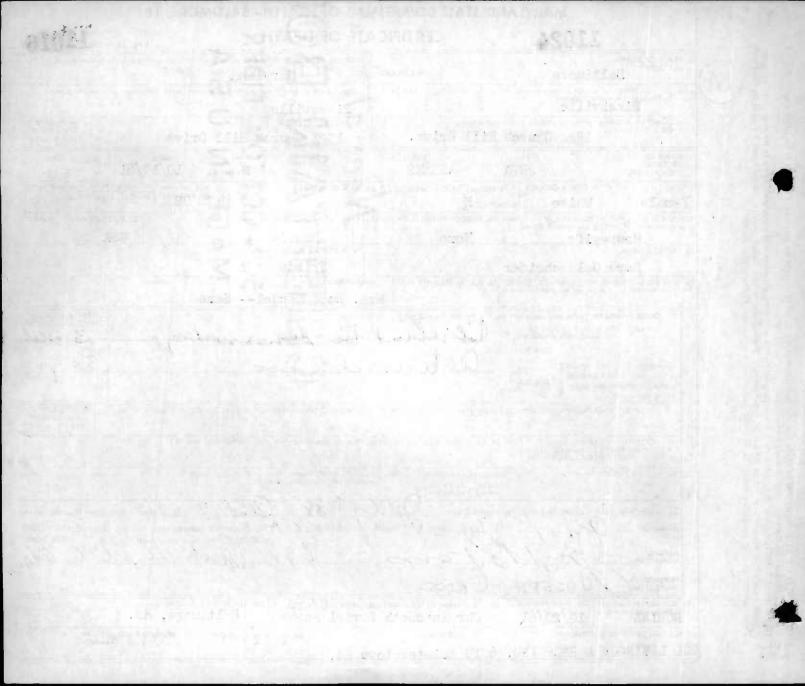
MARYLAND	STATE	DEPARTMENT	OF HEALTH-	BALTIMORE,	18

11024 CERTIFICATE OF DEATH

Reg. Dist. No.11016

1. PLACE OF DEATH o. COUNTY Ba	ltimore		MARYLAN	ll l	o. STATE Ma:	Where deceosed ryland	l lived. If instituti b. COUNTY		before odmis	
b. CITY OR TOWN RURAL ond give i	(If outside corporate liminearest town)	ts, write	c. LENGTH OF STAY IN 1	Ь	c. CITY OR TOWN (I		rote limits, write f	RURAL ond give	e nearest tow	n)
d. NAME OF HOSP OR INSTITUTION	1324 Chur		oddress)		d. STREET ADDRESS	rch Hil	l Drive		ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fii E	vA.	Middle ABRAMS		Last	4. DATE OF DEATH	10/	19/61	Day	Year
5. SEX Female	6. COLOR OR RACE White	7. MARRI WIDOWE	ED NEVER MARRIED [ATE OF BIRTH		9. AGE (In years lost birthdoy) yrs.	Months D	YEAR IF UND	Min.
during most of wo	ION (Give kind of work rking life, even if retired Sewife	done 10b.	KIND OF BUSINESS OR IN		Russi 4. MOTHER'S MAIDEN	a	ountry)	USA	N OF WHAT	COUNTRY
Bare	Goldscheid	er			Frieda	?				
IS. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFO	RMANT	W.	Add	lress		-96
	(it yes, give not or done or s	,		Mrs	. Rose Kan	del Sa	ame			
CATIC	the under- DUE TO) DITIONS <u>C</u>	ONTRIBUTING TO DEATH					VEN IN PART 1	PERF	AUTOPSY ORMED?
(IF EITHER, NOTIF	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Ye-			·	OF INJURY (Home, fo			(Cou	inty)	(Stote
20c. TIME OF INJU Hour o. m. p. m.		While of work	Not while	foctory	, street, office bldg.,	etc.)		(200	,,	(5.0.0
21. I certify the alive on	hot I attended the	decease , 19_(and that de	ath of)_, 19. 5 \(\forall \), ta		the causes or leet, city or town,		dote stote	
220. BURIAL, CREMATION BURIAL (Specify	22b. DATE THERECT 10/20/61)F	22c. NAME OF CEMETER Ohr Knesseth				ION (City, town, ltimore,		(Sto	te)
23. FUNERAL DIRECTOR		C. 60	ADDRESS 210 Reisterst	Coun	24a. RE	ed a secret	RAR 24b. REGI	STRAR'S SIGN	ATURE	



the deoth certificate be

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

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467 844	-	16.50	edito.	- 40

- 1			11025 CERTIFICATE OF DEATH	170137
Poge director	M		PLACE OF DEATH o. COUNTY Baltimor 6 MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Res o. STATE D. COUNTY b. COUNTY	idence before admission)
us ofter deoth. by the funerol d 2 should be f	90		b. CITY OR TOWN (If outside carporote limits, write c. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporote limits, write RURAL of STAY IN 16 C. CITY OR TOWN (If outside corporote limits, write RURAL of STAY IN 16 C. CITY OR TOWN (If outside corporote limits, write RURAL of STAY IN 16 C. CITY OR TOWN (If outside corporote limits, write RURAL of STAY IN 16 C. CITY OR TOWN (If outside corporote limits, write RURAL of STAY IN 16 C. CITY OR TOWN (If outside corporote limits, write RURAL of STAY IN 16 C. CITY OR TOWN (If outside corporote limits, write RURAL of STAY IN 16 C. CITY OR TOWN (If outside corporote limits, write RURAL of STAY IN 16 C. CITY OR TOWN (If outside corporote limits, write RURAL of STAY IN 16 C. CITY OR TOWN (If outside corporote limits, write RURAL of STAY IN 16 C. CITY OR TOWN (If outside corporote limits, write RURAL of STAY IN 16 C. CITY OR TOWN (If outside corporote limits, write RURAL of STAY IN 16 C. CITY OR TOWN (If outside corporote limits, write RURAL of STAY IN 16 C. CITY OR TOWN (If outside corporote limits, write RURAL of STAY IN 16 C. CITY OR TOWN (If outside corporote limits, write RURAL of STAY IN 16 C. CITY OR TOWN (If outside corporote limits, write RURAL of STAY IN 16 C. CITY OR TOWN (If outside corporote limits, write RURAL of STAY IN 16 C. CITY OR TOWN (If outside corporote limits, write RURAL of STAY IN 16 C. CITY OR TOWN (If outside corporote limits, write RURAL of STAY IN 16 C. CITY OR TOWN (If outside corporote limits, write RURAL of STAY IN 16 C. CITY OR TOWN (If outside corporote limits, write RURAL of STAY IN 16 C. CITY OR TOWN (If outside corporote limits, write RURAL of STAY IN 16 C. CITY OR TOWN (If outside corporote limits, write RURAL of STAY IN 16 C. CITY OR TOWN (If outside corporote limits, write RURAL of STAY IN 16 C. CITY OR TOWN (If outside corporote limits, write RURAL of STAY IN 16 C. CITY OR TOWN (If outside corporote limits, write RURAL of STAY IN 16 C. CITY OR TOWN (If outside corporote limits, write RURAL of STAY IN 16 C. CITY OR TOWN (If outsid	e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
74 hour filled in jes 1 one oth.		-	NAME OF DECEASED (Type or print) John First Henry Adams, Sr. DATE OF DEATH Oct.	Day Year 23 1961
pletely fres. Pog		5. 5	Male white WIDOWED DIVORCED NOV 21, 1865 last birthday) Mont	
execute and com on pape 2 hours			Dlack smith. Manyland	CITIZEN OF WHAT COUNTRY?
icote be	(I)		FATHER'S NAME James Benjamin Adams 14. MOTHER'S MAIDEN NAME Tanny Jarvis	Aug 12 12
h certifi ling phy se remo			WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dates of service) 218-32-2918- Massnic Home Records-Cor	ckeysville Mel
tow requires that the deat hysicion. s been signed by the ottency l-transit permit. Then plea fion, or removal, and in any		ATION	18. CAUSE OF DEATH [Enter only one cause per line far (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(0) 19. WAS AUTOPSY PERFORMED?
tending principle principle house the burie of, cremo	0	L CERTIFIC	20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	1.10 [] 1.10 []
PHYSIC ol or ot this cert r use os r to buri		MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a. m. p. m. 20d. INJURY OCCURRED While Nat while at work at work at work at work at work at work.	(County) (Stote)
retained by the hospin RAL DIRECTOR: After I should be detoched for e Board of Health prior	1		21. I certify that (1) (this haspital) attended the deceased from Ot 15. 1961, to Ot 3. 1 saw the deceased alive an Ot 73. 1961, and that death accurred at 15 M, from the causes and an 22a. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIR	96, that (I) (we) last the date stated abave. 22b.DATE SIGNED
FONE Page 3 the Stot		23a.	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown, or courbenated 2	
VR A15 (4)			FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S ADDRESS DATOCT 25'61 Original	

VR A15 (4) 15M 9/59

State A Present Alithan - Feets at 1 - 1 Line Me. soc. Anv., Litz My. Poul & Frest, Mes 12

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral of rector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. uted within 24 hours after SSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1102 CERTIFICATE OF DEATH 11018

	11060	2-020
	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
1	a. COUNTY	a. STATE
•	BALTIMORE MARYLAND	111d. Do. Ita.
М	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporata limits, write RURAL and give naerast town)
/	write RURAS and give nearest town) Tows	VD -
ч		MARRY, 110 TOWSON
	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give streat address)	d. STREET ADDRESS a. IS RESIDENCE
	1000	0
	14.39 PILTTU HILL Rd	1439 PUTIUHIII Rd. YES NO X
	3. NAME OF First Middle	Last 4. DATE Month Day Year
٠	DECEASED.	A. I OF
	(Type or print) ATTERINE	ANCIRATTY DEATH OCC 19 61
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 MRS.
Н	7. MAKKIED NEYEK MAKKIED	last birthday) Months Days Hours Min.
	Female white WIDOWED X DIVORCED	1-2-0-1818 83 yrs.
	10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	done during most of working life, even if refired)	II, biking county a state, or following country,
	AT hamp	VIRGIALIA 115H
	13. FATHER'S NAME	14. MOTHER'S MADEN NAME
	1 . 1	2 to the state of
	LAMINS & IRIER	HNNIE FENTON
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	NFORWANT Address
	(Yas, no, or unkown) (Ifyasgiva watordatasofsarvica)	2 4 1 1
	1	CERNARD L. ANDRATHY SAME
	18. CAUSE OF DEATH [Enter only one causa per line for (e), (b), and (c).]	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a) While Myorard	il Julard 24 hus
	11201	
	42011 DUE TO	
	Conditions, if any, which \ (b)	my dervous 20 mg.
- 1	gava risa to immadiata causa	
	(a), stating the undarlying DUE TO	
	causa lasi. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	B 20 0 0 0 1 A	PERFORMED?
	5 raiked Debilitaly	and was ling YES NO N
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO DEA	. (Entar natura of injury in Pert I or Part II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH O (IF EITHER, NOTIFY MEDICAL EXAMINER)	
-1		CE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stata)
	Hour a.m. Whila Not Whila fact	ory, street, office bldg., atc.)
	p.m. 19 at work 1 at work	
	21. I certify that (I) (this hespital) attended the deceased from	June 1958 to degot 1961, that (1) (we last
	0 +25	TP T
-1	saw the deceased alive on	death occured a
0	22a. SIONATURE	22b. DATE
	12700 1-1. N.	ATTENDING MED. STAFF SIGNED PHYS.
	1 minus	
	22c. PHYSICIAN'S	22d. ADDRESS 1 0 10 mi 1 10 ml
	JOSEDS I LIVEN	8400 houch Hoven 6Lvd, bally Mi
	THE PARTY OF CONTRACTOR OF CONTRACTOR	
	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stata)
	BURIAL 10/4/61 HOLY Red	eemer BALTIMORE Mid.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
	24 FUNERAL DIRECTOR'S SIGNATURE ADURESS	0 / 407 2 301
0	L. Kurlo - 2305 HARFORD	Po DATE OCT 3 '61 Callun & Knaus

75011 7. 独立(1) (A) Sugar major some of the second 1.139 Petty HILL 188 1439 THITTHE HILLES Protest and Aller Aller and Aller an France 4 120-1878 83 11891 Min 1811 AT house Lewis J. TRIER MANE FEATEN 13 RAHIED L MICKATHY SPINE and a specific Variation of Mc Tally 15-9-148 Ma hell stell litelite and and William Land Control of the Control HURRING HOLY TELERIER PARTITIONER PURC

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 11027 director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY o. STATE b. COUNTY MARYLAND Elken North Carolina ALTIMO'RE funeral b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) pe RURAL and give nearest town) should Middle River Middle River d. NAME OF HOSPITAL (If not in hospital, give street address) the d. STREET ADDRESS OR INSTITUTION 24 1125 Ormes Road 1125 Ormes Road 2 NAME OF 4. DATE First Middle Last Month Pa DECEASED OF DEATH (Type or print) Etta Anthony 10 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) etel 6 - 4 - 1873Female WIDOWED DO DIVORCED [White papers compl 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) death. during mast of working life, even if retired) Housewife Elkin Noth Carolina and carbon after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Willie Cockerham Emeline Willey mave hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Mallory V. KAnthony 72 1125 Ormes Road attending No None edse 2 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] 0 PART I. DEATH WAS CAUSED BY TOC (0 IMMEDIATE CAUSE (a) the DUE TO permit. Conditions, if ony, which (b) te has been signed burial-transit perm gove rise to immediate DUE TO couse (o), stoting the underphysician. lying cause lost CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. aval, attending 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) certificate the (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) 5 factory, street, office bldg., etc.) Hour Q. m While Nat while this 19 of work haspital p. m ot work 1960 21. I certify that I attended the deceased fram 19_6/, that I last saw the deceased ta that death accurred a 3.30 A.M., fram the causes and an the date stated above. alive an and

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

detached FUNERAL DIRECTOR: shauld page 10

2 VS A1S (4) 1SM 9/58

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION,

REMOVAL (Specify) Burial

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

Elkin North Carolina 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR DATOCT 2 4 '61 arthur S. Kraus

22d. LOCATION (City, town, ar county)

Reg. Dist. No.

Months

. IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 FRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSEL AND DEATH

> PERFORMED? YES NO

> > (Stote)

(State)

Dovs

U S

(Caunty)

ON A FARM?

YES NO.

Year

1961

antiere) and a tilling the A TOUR LAND TO THE PLANT OF THE PARTY OF THE The state of the second second

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 11030 Reg. Dist. No. d director, filed with 1. PLACE OF DEATH o. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Baltimore MARYLAND the funeral a b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ond give negrest town)
Rural: Towson d. NAME OF HOSPITAL III not in hospital, give street oddress OR INSTITUTION Eud OWOOD Sanatorium Towson L. Maryland NAME OF Middle Month DECEASED (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH Months complete Days WIDOWED | DIVORCED | O yrs. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) tired. P. Suburban Title & Inv Retiredpuo 13. FATHER'S NAME death certificate be ofter 14. MOTHER'S MAIDEN NAME physician Ema 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Personal History Address 8-01-4980A Hospital Records, Eudowood Sanatorium no 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) RTERIOSCLEROTIC HEART DISTASE willnown DUE TO RTERIOSCIEROSIS. SENERAL Conditions, if ony, which) gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II ... OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour a. m. Not while of work of work 21. I certify that I attended the deceased from that I last saw the deceased and that death accurred at 125 M, from the causes and an the date stated above alive an DIRECTOR: ADDRESS (Street, city or town, stote) ACTUAL 0 PHYSICIAN'S Milton B. Kress, M.D. Eudowood Sanatorium, Towson 4, Maryland NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify)

Congressional Cem.

ADDRESS

e. IS RESIDENCE ON A FARM? YES NO 17

PERFORMED? YES NO

(Stote)

DATE SIGNED

(Stote)

Washington.

246. REGISTRAR'S SIGNATURE

arthur & House

24g, REC'D BY REGISTRAR

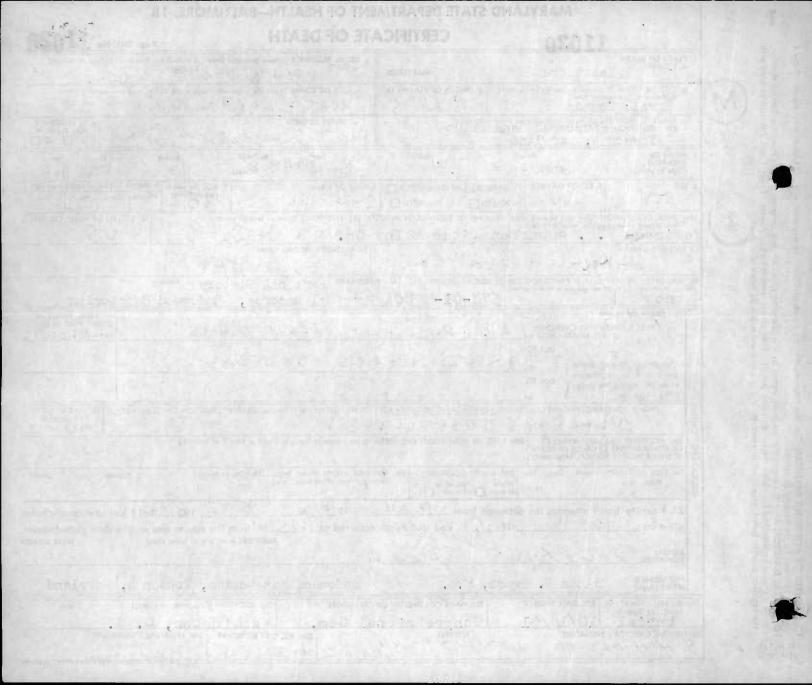
DATE OCT 1 8 '61

6

0 VS A15 (4) 15M 10/57

burial

23. FUNERAL DIRECTOR'S SIGNATURE



11001

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11021

	11001	
	1. PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY b. COUNTY)
)	b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	
/	RURAL and give nearest towns 1 - Aumpstead - Hural	
•	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Local Beelily will Pl YES N	ARM?
•	3. NAME OF DECEASED (Type or print) Parties First Middle Barble Barble Death Office 21 19	11
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 2 Months Days Hours WIDOWED DIVORCED Total 14, 189 2 Months Days Hours 9. AGE (In years IF UNDER 1 YEAR IF UNDER 2 Months Days Hours 1. Add Months Days Hours 2. Add Months Days Hours 3. Add Months Days Hours 4. Add Months Months Days 4. Add Months Days Hours 4. Add Months Months 4. Add Mon	24 HRS. Min.
	10a. USUAL OCCUPATION (Give kind of work done of the liberty) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (State or fareign country) 13. BIRTHPLACE (State or fareign country) 14. BIRTHPLACE (State or fareign country) 15. CITIZEN OF WHAT COUNTRY 15. BIRTHPLACE (State or fareign country) 15. CITIZEN OF WHAT COUNTRY 15. BIRTHPLACE (State or fareign country) 15. CITIZEN OF WHAT COUNTRY 15. BIRTHPLACE (State or fareign country) 15. CITIZEN OF WHAT COUNTRY 15. BIRTHPLACE (State or fareign country) 15. CITIZEN OF WHAT COUNTRY 15. BIRTHPLACE (State or fareign country) 15. CITIZEN OF WHAT COUNTRY 15. BIRTHPLACE (State or fareign country) 15. CITIZEN OF WHAT COUNTRY 15. BIRTHPLACE (State or fareign country) 15. CITIZEN OF WHAT COUNTRY 15. BIRTHPLACE (State or fareign country) 15. CITIZEN OF WHAT COUNTRY 15. BIRTHPLACE (State or fareign country) 15. CITIZEN OF WHAT COUNTRY 15. BIRTHPLACE (State or fareign country) 15. CITIZEN OF WHAT COUNTRY 15. BIRTHPLACE (State or fareign country) 15. CITIZEN OF WHAT COUNTRY 15. BIRTHPLACE (State or fareign country) 15. CITIZEN OF WHAT COUNTRY 15. BIRTHPLACE (State or fareign country) 15. CITIZEN OF WHAT COUNTRY 15. BIRTHPLACE (State or fareign country) 15. CITIZEN OF WHAT COUNTRY 15. BIRTHPLACE (State or fareign country) 15. CITIZEN OF WHAT COUNTRY 15. BIRTHPLACE (State or fareign country) 15. CITIZEN OF WHAT COUNTRY 15. BIRTHPLACE (STATE or fareign country) 15. CITIZEN OF WHAT COUNTRY 15. BIRTHPLACE (STATE or fareign country) 15. CITIZEN OF WHAT COUNTRY 15. BIRTHPLACE (STATE or fareign country) 15. CITIZEN OF WHAT COUNTRY 15. BIRTHPLACE (STATE or fareign country) 15. CITIZEN OF WHAT COUNTRY 15. BIRTHPLACE (ST	JNTRY?
1	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME	
/	15. WAS DECEASED VER IN U. S. ARMED FORCES? La SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dates of service) 218-30-5847 Mes My. The Baublik Haydrale	m
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INTERVAL BETW ONSET AND DE 1.2 August 1.2 August 1.3 August 1.4 August 1.5 August	/EEN EATH
	420./ DUE TO Canditians, if ony, which) (b)	
	gave rise ta immediate couse (a), stating the <u>under:</u> Using cause last. Country Country	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORM YES N	VED5
	20a. ACCIDENT WAS UNDERLYING 2 ON CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)	
	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED While Nat while of work at w	(State)
	21. I certify that (I) (this hospital) attended the deceased from GCf 21. 1961, that (I) (we saw the deceased alive an GCf 21. 1961, and that death occurred at 9.5 Mm, from the causes and on the date stated of	
	22a. SIGNATURE 22b. D ATTENDING PHYS. M.D. PHYS. ATTENDING DIRECTOR STAFF PHYS. 1e-21-	
	PAME (Type) Soseph & BUSh MD StampstEAD Marylawa	do
	23d BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) BURIOUS CO WILL	
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS TO BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE OCT 2 7 61 Cartley & Known	

VR A15 (4) 15M 9/59

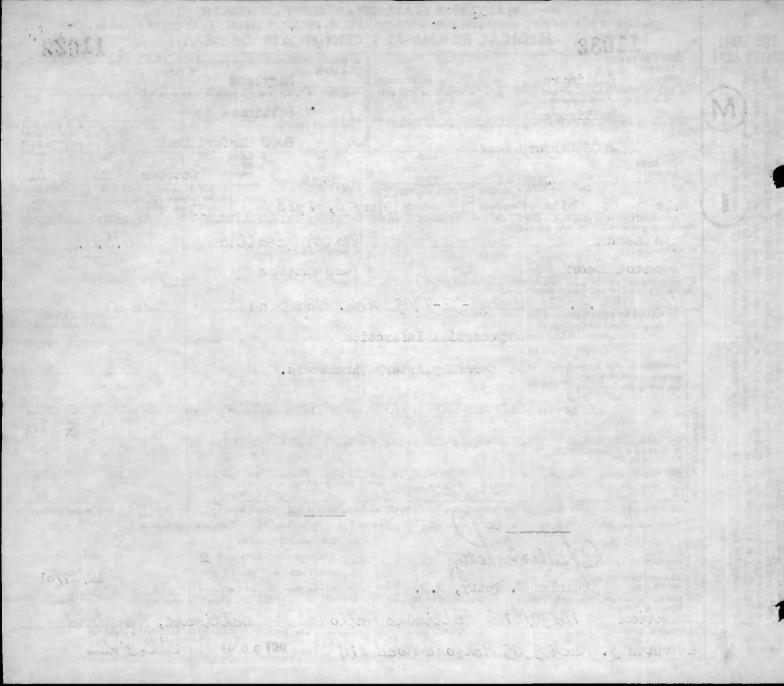
TARREST STANFORD TO SERVICE STANFORD TO SERVIC Company of the second second of the state of th Level Charles Charles and Char

FOR STATE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11022

11032 MEDICAL EXAMINER'S CI	ERTIFICATE OF	DEATH
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HEALTH DEDT	1 77 807 07 77 77		1146
HEALTH DELT.	1. PLACE OF DEATH •. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Resider	nca before admission
sary Page es.	Baltimore Maryland	o. STATE Marvland b. COUNTY 3 a/t	more
S = = = =	b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, write RURAL and give	nearest town)
M Lour Cour	write RURAL end give neerest town)		noords to willy
2 5 5 1 1 V	Baltimore	Baltimore	
for for Boar	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AODRESS	. IS RESIDENCE
Bera B	0000 II 0 1 D 1	8008 Harford Road	ON A FARM?
Shirt H	3. NAME OF 8008 Harford Road Middle	Last 4. DATE Month Dey	
de Se	DECEASED	OF	
中 中 中	(Type or print) JAMES TER	PEAN DEATH October 26	5 19 61
いる。		B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR	IF UNDER 24 HRS.
and and with a may	Male White WIDOWED ON ONCED THE	ay 8, 1928 last birthday) Months Days	Hours Min.
\$ 50 -DE	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR		DF WHAT COUNTRY
s 1, 2 age age 72	done during most of working life, avan If retired)	12. CITIZEN C	OF WHAT COUNTRY
Pa Pa Pa In	Salesman	North (arolina U.S.	A.
Page A3.	13. FATHER'S NAME	14. MOTHER'S MATDEN NAME	
PW P	Monroe Bean	May Barbee	
FE SEE		INFORMANT Address	
¥ 5. ± 5. ± €	(Yes, no, or unkown) (Ifyesgive war or datas of service)	A. A.	
hed with with any	yes W.W. 2 245-32-7305 /	Mrs. May Bean same	
in p	IB. CAUSE OF DEATH [Enter only one cause par line for (e), (b), end (c).]	l IN	TERVAL BETWEEN
il ii lon ans	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarct		NSET AND DEATH
and	1/2 2.1	5±011	
P de l'initial de l'Ariente l'Arient	4201 DUE TO		
5 0 3 E	Conditions, if eny, which geve rise to Immediate causa	Thrombosis.	
e si s a	(e), stating the underlying DUE TO		
d a g	cause last. (c)		
And		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
S P S S S S S S S S S S S S S S S S S S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.		PERFORMED?
w w w w	D CONTRACT CAUSE WAS LOOK DESCRIPTION OF THE PROPERTY OF THE P		YES X NO
he v Aedi houl	208. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (I	Enter nature of Injury in Part I or Part II of item 18.)	
S s s s s s s s s s s s s s s s s s s s			
Chiffing o bu		ACE OF INJURY (Home, ferm, ' 20f. (City or town) (County)	(Stete)
A Page	Hour e.m. While Not While fact	tory, street, office bldg., atc.)	
EX # # EX			
If I I I I I I I I I I I I I I I I I I	21. I certify that I took charge of the remains described above, he	eld an Autopsy X, Inspection , Inquiry , and	in my opinion
CAI Ged Ged Gent,	death resulted from: Natural ceuses X, / Accident , Suici	ide , Homicide , Undetermined manner	
		CHIEF MEDICAL EXAMINER	
MED e the forward DIR	SIGNATURE O Wales S. Tette.	ASSISTANT MEDICAL EXAMINER X	DATE SIGNED
A A I	SIGNATURE NULLS . Jelly .		
OT d b d b EER esig	EXAMINER'S	DEPUTY MEDICAL EXAMINER	0/27/61
	NAME (Type) Charles S, Petty, M.D.	Addrass (Street, city, town, or county)	
P.U.N.	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	R CREMATORY 22d. LOCATION (City, town, or country)	(State)
240g		National Baltimore, Marul	and
	23. FUNERAL DIRECTOR ADDRESS	24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATI	URE
VS. A15ME 5M 9/60	Langerd Q Buch 5705 4-1-10 1		
am alon My	Leonard J. Ruck 5305 Harford Road	#14 DATE OG 30 61 Cirilun S. Kan	AB



VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11033 CERTIFICATE OF DEATH

Reg. Dist. No. 11023

1. PLACE OF DEATH a. COUNTY	Baltimore		MARYLA		o. STATE	ence (Wharyla		l lived. If instituti b. COUNTY		timore	
b. CITY OR TOWN RURAL and give Dundal		its, write	c. LENGTH OF STAY IN	1ь		own (If o		rate limits, write R	URAL and g	give nearest	town)
d. NAME OF HOSP	ITAL (If not in hospital,	give street	oddress)	1	d. STREET AD						RESIDENCE
OR INSTITUTION	89 Willow S	prin	g Road		89 Wi	llow	Sprin	g Road			N A FARM?
3. NAME OF DECEASED	Fi	rst	Middle		Last		4. DATE	Mor	th	Day	Year
(Type or print)	EDWARD		EARLE		BEARRY		DEATH	Octob	er	17,	19 61
S. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B. C	DATE OF BIRTH			9. AGE (In years lost birthday)	IF UNDER		INDER 24 HRS.
Male	White	WIDOW	ED DIVORCED	JF	eb. 4.	1895	141	66 yrs.	Manths	Doys Ho	ours Min.
10o. USUAL OCCUPAT	ION (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLA	CE (Stote	or foreign co	ountry)	12. CITI	ZEN OF WH	AT COUNTRY?
Shipb uild		"			Mary:	land			T	J.S.A.	
13. FATHER'S NAME				1	4. MOTHER'S A	AAIDEN N	IAME				
Edward B	earry				Ca	ssie	M. Mc	Kenzie			9
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	INFO	RMANT			Add	ress		
(Yes, no, or unknown) No.	(If yes, give war or dates of s		16-10-4061	Wm/	E. Bear	rry 2	2116 M	erritt B	lvd.		
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	1	ne for (o), (b), and (c).]	Ca	veina	W.A	LUN	105			L BETWEEN
163	DUE TO		Caroline	1001	Track	C		1		1	24.00
Conditions, if)(Carvillo.	ma	10-1-	7				1	M1 3-
couse (a), stoting											
lying cause lost	, ,	:}(
CATIC			CONTRIBUTING TO DEATH	BUT NO	T RELATED TO T	THE TERMII	NAL DISEASE	CONDITION GIV	EN IN PART	PE	REFORMED?
	'AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCI	URRED. (I	Enter nature of i	injury in P	ort I or Port	II of item 1B.)	,		
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Ye	or 20d. II While of wor	Nat while		OF INJURY (Ho , street, office b			or town)	(0	County)	(Stote)
21. I certify t	hat I attended the	deceas	ed fram 14 M	5.	1961	to. (101	17 1961	that I la	st saw th	e deceased
alive on	8CX 171	. 19	and that de	eath or	curred at /	11 4	M fram	the causes an			
	0 1	11						reet, city or town,			DATE SIGNED
ACTUAL SIGNATURE	vena/	V- a	Maren	M.D	33	DUI	ad/	KAVE	-	10	1/18/6
PHYSICIAN'S NAME (Type)	David	H-1	Andrew	1/		D	und	UK h	2/1	70	
22a. BURIAL, CREMATI	ON, 22b. DATE THEREC	OF	22c. NAME OF CEMETER	RY OR C	REMATORY		22d. LOCAT	ION (City, town,	or county)	(Stote)
Burial (Specify	10/20/61		Oak Lawn Ce	emete	ery		Colg	gate, Md.			
23. FUNERAL DIRECTO			ADDRESS		2	24a. REC'E	BY REGIST		STRAR'S SIG	NATURE	
Ullrich Fu	neral Home	Dunda	LK, Md.			DATE OC	T 2 0 '6	1 0.	Thun 9	4	

to the state of th . G Lawrence L. Lawrence THE REPORT OF THE PARTY OF THE The state of the second state of the second state of the second s

25b. REGISTRAR'S SIGNATURE

arihun S. Haus

25g. REC'D BY REGISTRAR

DATE

1. PLACE OF DEATH
a. COUNTY
Ba.
b. CITY OR TOWN
RURAL and give
RURAL TARE
d. NAME OF HOSI
OR INSTITUTION

3. NAME OF
DECEASED
(Type or print)
5. SEX

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimofe MARYLAND Baltimore b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 CINCITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Rural-Reisterstown Since July, 1961 Rural-Reisterstown d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Deer Park Road Deer Park Road YES NO TE Middle 4. DATE Day Last Manth ear. Mr. Harry Becraft DEATH Oct. 1961 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH last birthday) Manths Days Haurs July 12,1888 Male White DIVORCED | WIDOWED | yrs. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)

Retired Weaver Textile Bus. U. S. A. Carroll Co. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Becraft Unknown 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Deers Park Road Mrs. Margaret W. Becraft, Reisterstown, Md. No 215-03-1994 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part II ar Part III af item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) 20c. TIME OF INJURY Manth. Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Haur a. m. While Nat while at wark at wark p. m. 21. I certify that (1) (this hespital) attended the deceased from 21961, that (1) (we) last and that death occurred a 3120 M, from the causes and an the date stated above. saw the deceased alive on October SIGNATURE ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) McWilliams Clarence E. 23g. BURIAL, CREMATION. 23h DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City. fawn, ar caunty) REMOVAL (Specify) Carroll Maryland Buria 5 Old Oakland M. E. Church

8728ESLiberty Road

Randallstown. Md.

O E O O

page

FUNERAL DIRECTOR'S SIGNATURE

profit and rend to the front truck A Sunnay Charles in , are really and a street of the street o A PART OF THE PART Column Colored Common Colored Colored

Page 4 may be retained by the hospital or attending physician.

Page 5 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deather.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
11035 CERTIFICATE OF DEATH
11029 11035 11025

1. PLACE OF DEAT									
. COUNTY				a. STATE		b. COUN		idence before	edmission)
Baltimor			MARYLAN					turnered .	0
b. CITY OR TOWN	(if outside corporate limits, d give neerest town)	c.	LENGTH OF STAY IN	16 c. CITY OR TOW	(If outside co	orporate limits, write	RURAL and g	Iva nearest toy	rn)
Fort Howa	rd		15 Days	Baltimon	no 6		2VC	71-7	-
d. NAME OF HOSP	ITAL OR INSTITUTION (if no			d. STREET ADDRES					ESIDENCE
• 1	Administratio			1,005					A FARM?
NAME OF	First	n nosi	Middle	4315 Ras	pe Ave				NO
DECEASED				Fast	OF			Dey Yes	ır
(Type or print)	CHARLES		R.	BEHRMANN	DEAT	H Octobe	r 2	6 19	61
5. SEX	6. COLOR OR RACE 7.	MARRIED [NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In yeers last birthdey)			R 24 HRS.
Male	Title of the co	VIDOWED [DIVORCED	C. Feb. 4.	1887	74 yrs.	Months De	ys Hours	Min.
Oa. USUAL OCCUPA	TION (Give kind of work		OF BUSINESS OR INDU				12. CITIZE	N OF WHAT	COUNTRY
lone during most of w	orking lifa, even if retired)						N SY		
		CTOTT	ing Mfg. Co		Maryl	and		U. S.	A
3. FATHER'S NAME				14. MOTHER'S MAID	IN NAME				
Otto Behrn	lann			Rosina Lo	ber				
S. WAS DECEASED E	VER IN U.S. ARMED FORCES	S? 16. SO	CIAL SECURITY NO. 1	7. INFORMANT		Address			
Yes	(If yes give war or detes of servi	213.	-05-3106	Clinical Rec	ords V	AH, Balti	more 1	8, Mary	land
	DEATH [Enter only one car		for (a), (b), and (c),	Fort Howard	Divisi	on		INTERVAL BE	TWEEN
				TATOTADOTAT THE	ADOMITOR			ONSET AND	DEATH
111	IMMEDIATE CAUSE (a)	COSTER	OLATERAL MI	YOCARDIAL INF	ARCTION			5 HOU	RS +
TO DUE TO									
Conditions, if an	y, which) (b) T	DEPT C	ORONARY ATT	HEROMATOUS O	CCLUSTO	M		UNKNOWN	
geve rise to immediate ceuse									
(a), stating the underlying PROSTATIC ADENOCARCINOMA (c) PROSTATIC ADENOCARCINOMA								UNKNOWN	
	(0)			I NOT RELATED TO THE TER	MINIAL DICEAS	E CONDITION CIV	ENLINI DADT 1/		****
PARI II. OTHI			1 1					PERF	DRMED?
Bronchop	neumonia, Ri	ght Lu	ng. Operati	ion 10/19/61-	Transu	retural R	esect10	On YES XX	NO 🖸
20e. ACCIDENT V		Ob. DESCRIE	BE HOW INJURY OCCU	JRED. (Enter neture of injury	in Part I or Per	t II of item 18.)			
OR CONTRIBUTING	MEDICAL EXAMINER)								
	MEDICAL EXAMINER)	1 20d. INII	IRY OCCURRED 20e.	PLACE OF INJURY (Home, f	erm. ' 20f. (C	Lity or town)	(County	v)	(State)
20c. TIME OF INJ	MEDICAL EXAMINER)	While	Not While	PLACE OF INJURY (Home, f factory, streat, office bldg.,		City or town)	(County	у)	(State)
20c. TIME OF INJ Hour e.m. p.m.	Y MEDICAL EXAMINER) URY Month, Dey, Yeer 19	While et work	Not While et work	factory, streat, office bldg.,	etc.)				
20c. TIME OF INJ Hour e.m. p.m.	Y MEDICAL EXAMINER) URY Month, Dey, Yeer 19	While et work	Not While et work	factory, streat, office bldg.,	etc.)				
20c. TIME OF INJ Hour e.m. p.m.	WEDICAL EXAMINER) URY Month, Dey, Yeer 19 that (this hospital)	While et work [Not While et work the deceased from	factory, streat, office bldg.,	1 161 1	. October	26, 196.	L, that (25)	(we) last
20c. TIME OF INJ Hour e.m. p.m. 21. I certify saw the deces	WEDICAL EXAMINER) URY Month, Dey, Yeer 19 that (this hospital)	While et work [Not While et work the deceased from	factory, streat, office bldg.,	1 161 1	. October	26, 196.	L, that (20) e date state	(we) last
20c. TIME OF INJ Hour e.m. p.m.	WEDICAL EXAMINER) URY Month, Dey, Yeer 19 that (this hospital)	While et work [Not While et work the deceased from	factory, streat, office bldg., omOctoberI that death occured at.	1 161 (o October	26, 196.	L, that (20) e date state	(we) last d above.
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20c. TIME OF INJ Hour e.m. p.m. 21. I certify saw the deces 22c. SIGNATORE 22c. PHYSICIAN' NAME (Typ)	WEDICAL EXAMINER) URY Month, Dey, Yeer 19 that XX (this hospital) used alive onOct	While et work	Not While et work the deceased from	omOctober1 that death occured at. M.D. ATTENDING PHYS 22d. ADDRESS	1 161, 1	o October om the causes STAFF PHYS.	26, 196. and on the	L, that (20) a date state 221	(we) last d above. DATE SIGNED / 26/6
20c. TIME OF INJ Hour e.m. p.m. 21. I certify saw the decea 22e. SIGNATURE 22c. PHYSICIAN STRASTI	MEDICAL EXAMINER) URY Month, Dey, Yeer 19 that K (this hospital) Leed alive onOct AN RUSSO, M.1	White et work	Not While et work dithe deceased from 1961., and the deceased from 1961.	omOctoberL that death occured at. M.D. ATTENDING PHYS. 22d. ADDRESS VAH, BALII	1 161 from MED. DIRECTOR	October om the causes PHYS. 3	26, 196. and on the	L, that (4) e date state 221 10 ARD DIV	(we) last d above. b. DATE SIGNED / 26/6
20c. TIME OF INJ Hour e.m., p.m. 21. I certify saw the deces 22c. SIGNATORE 22c. PHYSICIAN' NAME (Typ) SERASTI 32e. BURIAL, CREMA'	that (this hospital) that (X (this hospital)	White et work	Not While et work the deceased from	omOctoberL that death occured at. M.D. ATTENDING PHYS. 22d. ADDRESS VAH, BALII	1161 1161	o October om the causes STAFF PHYS. 3	26, 196. and on the	L, that (2) e date state 221 10	(we) last dabove. DATE SIGNED /26/6 /ISIX(
20c. TIME OF INJ Hour e.m., p.m. 21. I certify saw the deces 22c. SIGNATURE 22c. PHYSICIAN' NAME (Typ) SEBASTI	that (this hospital) that (X (this hospital)	While of work (26)	Not While of work determined the deceased from 19.61, and the deceased fro	omOctoberL that death occured at. M.D. ATTENDING PHYS. 22d. ADDRESS VAH, BALII	1161 1161	October om the causes PHYS. 3	26, 196. and on the	L, that (2) e date state 221 10	(we) last d above. o. DATE SIGNED / 26/6
20c. TIME OF INJ Hour e.m., p.m. 21. I certify saw the decea 22e. SIGNATURE 22c. PHYSICIAN' NAME (Typy SEBASTI 23e. BURIAL, CREMA REMOVAL (Saperin BULLAL)	that (this hospital) wed alive onOct AN RUSSO, M.1 TION, 23b. DATE THEREO 10-30-196	While of work (26)	Not While of work determined the deceased from 19.61, and the deceased fro	mOctoberl that death occured at. M.D. ATTENDING PHYS. 22d. ADDRESS VAH, BAIJ ERY OR CREMATORY TREET COMMERCE TOTAL PROPERTY OF CREMATORY	1 161 1 1 25, fro MED, fro DIRECTOR	o October om the causes STAFF PHYS. 3	26, 196. and on the ORT HOW	L, that (2) e date state 22i 10 ARD DIV	(we) last d above. b. DATE SIGNED / 26/6
20c. TIME OF INJ Hour e.m., p.m. 21. I certify saw the decea 22c. SIGNATURE 22c. PHYSICMAN' NAME (Typ. SEBASTI 23e. BURIAL, CREMA' REMOVAL (Specify BUTIAL) 24 FUNERAL DIRECTO	that (K (this hospital) wed alive on. Oct. AN RUSSO, M.J. TION, 23b. DATE THEREO 10-30-196 PR'S SIGNATURE	While et work (26) attended (26) (26) (26) (26) (26) (26) (26) (26)	the deceased from 1961., and the deceased from 1961.	mOctoberl that death occured at. M.D. ATTENDING PHYS. 22d. ADDRESS VAH, BAIJ ERY OR CREMATORY TREET COMMERCE TOTAL PROPERTY OF CREMATORY	1 161 1	o October om the causes on the	26, 196. and on the ORT HOW	L, that (2) e date state 221 10 ARD DIV (S) Ma	(we) last d above. b. DATE SIGNED / 26/6

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edger F. Jassehn, 7401 Belair Mi., Belto. Laryland Miss of

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11036 1. PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Whare deceased lived, If institution: Residence before admission)

	Relt	imore		MARYLAN	TD.	a, SIAIE	vland	B. COON	1	13	1+	
-		f outsida corporete limits,		c. LENGTH OF STAY IN			/	orporete limits, write	RURAL end	give n	eerest tow	n)
		giva nearest town)				1		05				
	Fort He			2 days			imore	- 21	147		1 - 15 0	CIDENICE
n	d. NAME OF HOSPII	AL OR INSTITUTION (if	not in hos	pltel, give street eddress)		d. STREET ADDRES	2					A FARM?
7		Administra	tion	Hospital		5541 D		Avenue			YES [NO X
3.	NAME OF DECEASED	First		Middle		Last	4. DATI	E Month		Day	Yea	r
	(Type or print)	JOHN		R.		BELL	DEA	TH October		21	19	61
5.	SEX	6. COLOR OR RACE 7	. MARRIE	NEVER MARRIED] 8. D	ATE OF BIRTH		9. AGE (In yeers lest birthday)			IF UNDER	
	Male	The second secon	WIDOWE		Feb	ruary 19,	1923	38 yrs.	Months De	eys	Hours	Min.
10	e. USUAL OCCUPATI	ON (Giva kind of work	10b. K	ND OF BUSINESS OR IND	USTRY 1	1. BIRTHPLACE (Con	unty & State,	or foreign country)	12. CITIZ	EN O	WHAT	OUNTRY
	viation Me	rking life, avan if retirad) chani c	Der	t. of Agrica	iltur	e Waynesb	oro. P	enna.	U.S	A.		
_	. FATHER'S NAME	011441110	1 - 0 1			MOTHER'S MAIDE						
	Lower	C. Bell				Elsie S	toons					
15	. WAS DECEASED EVE	ER IN U.S. ARMED FORC	ES? 16.	SOCIAL SECURITY NO.	17. INF			acard address	VA Ho	end	fall	
(Y		fyes give wer or detes of ser	AICE)							da		
	Yes	WW 11 EATH [Enter only one of			Dar t	THOLE TO	Ma -	FORT HOWAI	אדת תט		RVAL BET	WFFN
		H WAS CAUSED BY:									MON	DEATH
		IMMEDIATE CAUSE (e)	URE	ILA						-	PION	1110
	445X	DUE TO								**********		
	Conditions, if eny		NEPH	ROSCLEROSIS						U	AKNOW	IN
	(e), steting the un	Dile TA										
	cause lest.) (c)_	MAIJ	GNANT HYPER	TENSI	ON				U	VKNOW	N
No.	PART II. OTHER	SIGNIFICANT CONDITI	ONS CON	ITRIBUTING TO DEATH BU	IT NOT RE	LATED TO THE TERM	AINAL DISEA	SE CONDITION GIVE	N IN PART 1	(a) 19	PERF	UTOPSY RMEQ2
CERTIFICATION										Y	ES 🔲	NO E
H	20e. ACCIDENT WA		20b. DES	CRIBE HOW INJURY OCC	URED. (En	ter nature of injury i	n Pert I or Pe	rt II of item 18.)				
띪	(IF EITHER, NOTIFY	MEDICAL EXAMINER)										
Z	20c. TIME OF INJU	RY Month, Dey, Yeer	20d.	NJURY OCCURRED 200		OF INJURY (Home, fa		City or town)	(Count	ly)		(Stete)
MEDICAL	Hour a.m.	40	While	Not While	factory,	street, office bldg., a	ite.)					
2	p.m.	ly ly	1		00	+ 10 .	10.67	- Oot 27	106	7	- W	'a\ las
	21. I certify if	nat XI) (this hospita	l) arren	ded the deceased fr	omUC	8	:2001	10XXXIIZ.II	, 17.54	13 (de.	iar (x).	we) las
		ed alive on	0.2.1	19, and	that de	ath occured at	.PM, 11	om the causes a	and on in	e da		DATE
	22e. SIGNATURE	Elijah	Sa	unders	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	10/	/22		SIGNED
	22c. PHYSICIAN'S					22d. ADDRESS						
	NAME (Type)	ELIJAH SAU	NDERS	, M. D.		VAH B	ALTO.	MD. FT HO	WARD_I	WIS	SION	
23	a. BURIAL, CREMATI	ON, 236. DATE THERE	OF	23c. NAME OF CEMET	ERY OR			OCATION (City, tow				tata)
	BURLAL (Specify)	10/25/	61	BALTIMOREN	ATTO	VAL	Bal	Ltimore 28	, Mary	/la	nd	
24	FUNERAL DIRECTOR			ADDRESS			EC'D BY REG	SISTRAR 256. REG				professor .
							OCT 2 4	161 C	withen 8.	The	wa -	-

4107 Wilkins AveRalto. Md PATE

TO CEPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exerted within 24 hours after death any be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compretely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours afterward. VR A15 (4) 15M 9/60

Funeral Home,

10/35/01

the August and the long the Williams Ave. alle, 114,

haurs after death. Page 4

11037

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

11090

Cilling & Knows

PUCT 1 8 '61

												1 4	1164	0
1. PLACE OF o. COUNT Ralti	Y			MAR	YLAND 2	usual RESI		here decease			n: Residen		re admiss	sion)
b. CITY O	R TOWN (If outside co and give nearest town)	orporate limits, w	write	c. LENGTH OF STAY	(IN 16	c. CITY OR	TOWN (If		prote limits,				arest town	n)
Caton	sville					C	atons	wille	28					
	OF HOSPITAL (If not i	n haspital, give	street ac	ldress)		d. STREET A		Ada T	Bood				ON A	SIDENCE A FARM?
Ha	rlem Lodge					(C) GEL	dell n	idge I	noau				YES L	NO
3. NAME OF DECEASED (Type or p	0	First ERT E	dmun	Middle d Tee	77.37	BERG		4. DATE OF DEATH	·	Mont	-	Do	-	Yeor 19 6 /
5. SEX				D NEVER MARR		DATE OF BIRT			9. AGE (In	years	IF UNDER			ER 24 HRS.
Mal			IDOWED		_	-28-19			last birt	hdoy)	Months	Days	Hours	Min.
10a. USUAL C	OCCUPATION (Give ki	nd of work done	e 10b. Ki	IND OF BUSINESS	OR INDUSTR	11. BIRTHPL	ACE (State	or foreign o	ountry)		12.CIT	ZEN OF	F WHAT	COUNTRY?
Sale	nast af warking life, ev	en ir retired)	F	uneral Su	polies	Ralt	imore	.Md						
13. FATHER'S			-		A-A-	4. MOTHER'S						r.C		
Ro	bert E.L.B	erger				Cel	ine E	Rond						
15. WAS DEC	EASED EVER IN U. S.	ARMED FORCES	57 16. SC	OCIAL SECURITY NO). 17. INFO		-			Addr	ess	-		
Yes, no, ar unkr	(If yes, give w	ar ar dates of service		-10-3934	Mrs	R.E.I	Berg	er 2823	3 Gard	len	Ridge	Ro	ad	
18. CAU	ISE OF DEATH [Enter	anly ane cause	per line	for (a), (b), and (c)).]							INT	ERVAL BE	ETWEEN
P	ART I. DEATH WAS C		Mol.	ignant Bra	ain Thu	non i	atro	outoma				ONS	EI AND	DEATH
1	93.0	TE CAUSE (a) DUE TO	A CAL	rghanto pr	<u> </u>	HOL . 2	1301 0	CY COIRS	White					-
Condit	ions, if ony, which) (6)												
gove	rise to immediate	DUE TO	127						4.64					
	a), stoting the <u>under-</u> ause lost.													
_	ART II. OTHER SIGNIF	(c)	IONIS CO	NITRIBUTING TO D	EATH OUT NO	T BELATED TO	THETERN	INIAI DICEAC	E CONDITI	ONICIV	ENI INI DAD	T 1/=1/1	D WAS	AUTOPSV
CATION	ART II. OTHER SIGNIF	ICANT CONDITI	IONS <u>CC</u>	INTRIBUTING TO DI	EATH BUT INC	JI KELATED TO	THETEKM	IINAL DISEAS	SE CONDITI	ON GIV	EN IN FAR	1 1(0) 1	PERFC	ORMED?
20g. ACC OR CON (IF EITHE	CIDENT WAS UNDERL' TRIBUTING CAUSE R, NOTIFY MEDICAL I	YING 20b	b. DESCR	ISE HOW INJURY O	OCCURRED. (Enter nature o	f injury in	Port I ar Par	rt II of item	18.)				
	OF INJURY Month,		204 1611	URY OCCURRED	20a PLACE	OF INJURY (Home fore	206 1016	y or town)		,	County)		(Stote
20c. TIME Ho			While	Nat while		y, street, affice			y or lown,		,	County		(31016
	p. m.		at wark											
	rtify that (1) (thi													
saw the	e deceosed alive	on Oct.	14.	19 61, one	that dec	th occurred	all:	IM, For	the caus	ses on	d an the	e dote	stated	d obave.
22a. SIG		()	1			-								26 DATE
	Harry	Q. D	Me	BR.	м.	ATTENDIN PHYS.		IRECTOR	STAFF PHYS.		334	10,	/16/	61
	SICIAN'S AE (Type) Harry	L. Knij) () pp,	M. D.		22d. ADDR		ndson	Avenu	ie :	Balto	. 29	9, M	d.
23g. BUPIAL	CREMATION, 23b. D	ATE THEREOF		23c. NAME OF CEA	AFTERY OF C	REMATORY		23d 10CA	TION (City,	town	r county)		(Stot	ta)
REMOVA	AL (Specify)					KLINATOKI							(310)	16/
Buri		<u>-18-61</u>		St.Jo	onns		25- 255	Ellic			MCI TRAR'S SI	GNIATU	DE	
	DIRECTOR'S SIGNATU		ot.t.				Zoa. REC	D BY REGIST	IKAK 25	D. KEGIS	TRAK 5 51	JINATU	NE.	
F.C.n	liginbothor	II DATT TO	000	OT O'S S INIT			DATET	1 8 '61	11	4.11	28 4			

TO FUNKRAL DIRECTOR: After this certificate has been signed by the attending physician and campletely firred in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs offer death. PIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO H

VR A1S (4) 1SM 9/59

er of the second 1 The state of the care of the state of the EL M. COS DE TEMPOR DE 1 - (- . - Securité entire, extrombit.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
11038
CERTIFICATE OF DEATH
11028

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where dacessed lived, If institution: Residence before admission)
Baltimore MARY	LAND Maryland 6. COUNTY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	
Caton sville 66yrs 3dys	Baltimore 3 VOI - 4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddre	ess) d. STREET ADDRESS e. IS RESIDENCE
SPRING GROVE STATE HOSPITAL	251 South Highland Street YES NO N
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year
(Type or print) Fredericka	Berkes October 11 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEI	D X B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
female white widowed Divorces	D = 7 30(2 last Dirindey) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
laborer canning fact	ory Germany Germany
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Peter Berkes	Anne Margaret Golderman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO	
(Yas, no, or unkown) (Ifyesgivewerordetesofservice)	Records: SPRING CROVE STATE HOSPITAL
1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).) INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Artemoscler	otic cardiovascular disease ONSET AND DEATH
	OUTO CELETOTA SOCIET GESCASO
Continue it and all the Company is and	a mta mia gallamagi g
geva risa to immediete cause	arteriosclerosis
(e), steting the underlying DUE TO	
Cause lest. (c)	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
FAKT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	PERFORMED?
V	YES NO X
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURED. (Enter neture of injury in Part I or Pert II of itam 18.)
	20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete)
Hour e.m. While Not While et work et work	lactory, arrear, effica drags, area,
21. I certify that X (this hospital) attended the deceased	from Oct. 8, 18 m, to Oct. 11 , 19 61, that #) (we) last
saw the deceased alive on Oct. 11 19 61	nd that death occured at
22e. SIGNATURE	3:10p. 22b. DATE
Sulla "actual"	M.D. PHYS. DIRECTOR PHYS. A 10-11-61
22c. PHYSICIAN'S NAME (Type) Stella Wachsler, M.	D. Catonsville 28, Maryland
23a. BURIAL, CREMATION, 123b. DATE THEREOF 23c. NAME OF CE	METERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete)
Burial Oct. 14, 1961 First Uni	ted Evan. Cemetery Baltimore, Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Ullrich Funeral Home 4210 Belair Road	d. DATECT 16'61 Cutting & Keens

4/		
Yes		
4		

decorporate ATTENDING PHYSICIAN: The law requires that the death certificate be expressed within 24 hours after decorporate may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compretely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death

VR A15 (4)

MARYLAND	STATE	DEPARTMENT	OF	HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11039	CERTIFICATE	OF DEATH	11029
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where decessed live	d, If institution: Residence before admission
a. COUNTY Baltimore	MARYLAND	a. STATE Md.	Baltimore
b. CITY OR TOWN (if outside corporate lim		& c. CITY OR TOWN (If outside corporete limits	writa RURAL and give nearest town)
write RURAL and give neerest town)		D-3440000	
d. NAME OF HOSPITAL OR INSTITUTION	(if not in hospital give street eddress)	Baltimore d. STREET ADDRESS	e. IS RESIDENCE
			ON A FARM?
Forest Haven Nurs		1074 Craftswood	Rd. YES NO
3. NAME OF Firs DECEASED	Middle Middle	OF	Month Day Yeer
(Type or print) Fannie	Isabella B:		ctober 26, 1961
5. SEX 6. COLOR OR RACI	7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In lest birth	yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
female white	WIDOWED X DIVORCED	- 1 -006	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wor	k 106. KIND OF BUSINESS OR INDUSTRY		V .
dona during most of working life, even if retired	Dressmaker	Baltimore, Md.	U. S. A.
13. FATHER'S NAME	DI essmaker	14. MOTHER'S MAIDEN NAME	10. S. A.
Clarence Shelle 15. WAS DECEASED EVER IN U.S. ARMED FO		Isabella Godfrey	idress #00
(Yes, no, or unkown) (Ifyesgivewarordetesof	sarvice)		#-20
no		illian E. Morris 10'	
18. CAUSE OF DEATH [Enter only on	e ceuse per line for (e), (b), end (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e	wenu	ec ,	
260X DUE TO		. On 00-1	
Conditions, if any, which	in Brafiele	melletin	
geve rise to immediate cause			1
(a), stating the underlying	mleno	Schustin Bal	distance
10	·	T RELATED TO THE TERMINAL DISEASE CONDITIO	N GIVEN IN PART 1(e) 1 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER	1 00-		PERFORMED?
0	somery	7	YES NO
200. ACCIDENT WAS UNDERLYING OF OF CONTRIBUTING CAUSE OF DEATH		(Enter nature of injury in Pert I or Pert II of item 18	
)		
20c. TIME OF INJURY Month, Dey, Y Hour a.m.		CE OF INJURY (Home, farm, 20f. (City or town) ory, street, office bldg., atc.)	(County) (State)
Hour a.m.	While Not While sector	- 17	
	ital) attended to deceased from	Cons 3/ 196/ 10. Oz	7.2C, 1960, that (I) (we) la
	1.1 51/1/7/01		uses and on the date stated abov
saw the deceased alive on	Z. alio Iliai	deall occured al	22b. DATE
226. SIGNATURE DI	1. 0 m - 0.	ATTENDING MED. STAFF	SIGNE
22c. PHYSICIAN'S	int your M.	D. PHYS. DIRECTOR PHYS.	
NAME (Type)	M Proply M	-0	
raul	M. Byerly, M. D.	5820 York Road	
23a. BURIAL, CREMATION, 23b. DATE THE			ty, town or county) (State)
Burial 10/30/	61 Woodlawn C		
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25e. REC'D BY REGISTRAR 25E	. REGISTRAR'S SIGNATURE
Howard H. Hubbard	4107 Wilkens Ave	#29 DATE OCT 3 0'61	arthur 9 4

Erl'ino.'c Foul M. Brenly, M. D. 5820 Fork Road urial 10/30/61 Conclawn Cemetery Estamore, id.

,01 Politimore Egl more Fores Haven Surein Hone 174 Craftewood RG. female white x Jan. 4, 1855 75 yrs. re ired Presemeker Palitmore, Md. U. D. m. Clarence Sheller Cod rev 215-07-3903 Lillian B. Werris 1074 Creffs. ood Re. The State of the s

Howard H. Hubbard 4107 Wilkens Ave. 229 1004 90 91

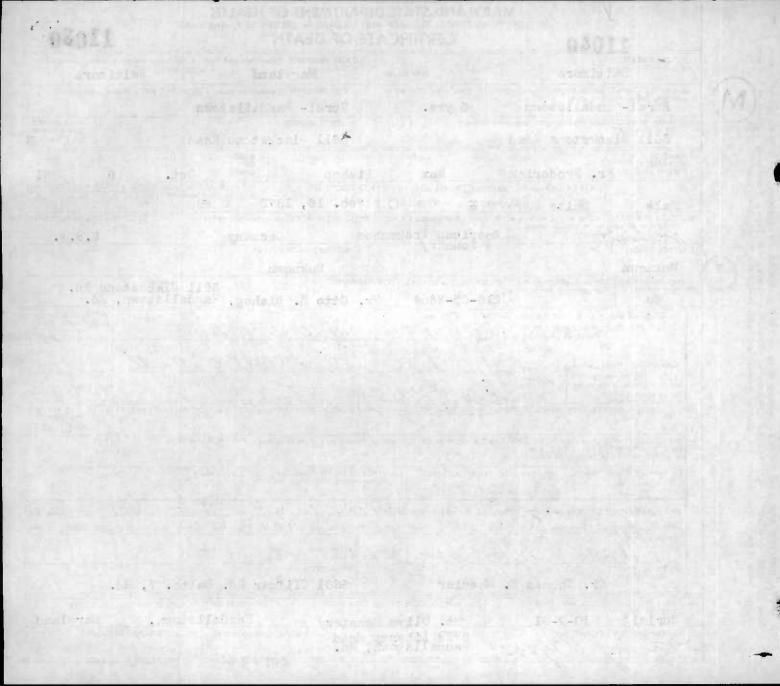
11040

11030

a. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE o. STATE Mary	(Where deceased)	d lived. If instituti b. COUNTY		
b. CITY OR TOWN (If outside corporate limits, write RURAL and givenearest town) Rural—andalls town	c. LENGTH OF STAY IN 16	Rural-			URAL and give ne	arest town)
d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION 3611 Blackstone Road	address)	d. STREET ADDRES		Road		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Mr. Frederick	Middle	last	4. DATE OF DEATH	Mon		
5. SEX 6. COLOR OR RACE 7. MARRI	IED NEVER MARRIED	Bishop B. DATE OF BIRTH Feb. 16, 1		9. AGE (In years last birthday) 89 yrs.	IF UNDER 1 YEAR Months Days	1961 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind af work dane 10b.) during most of working life, even if relired) Am		TRY 11. BIRTHPLACE (S	Germany EN NAME			F WHAT COUNTRY?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)		Unkno IFORMANT Ir. 8tto W.		3611 Brandalla	ačkstone stown, Mo	Rd.
1B. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (o), stating the under-lying couse last. DUE TO DUE TO (c)	yelral la yentensin	Col. de	gene -	ent e un	nal 1	SET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	/				/EN IN PART 1(o)	PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE					
20c. TIME OF INJURY Month, Day, Year 20d. IN While at work	Nat while fac	ACE OF INJURY (Hame, tary, street, office bldg.,		or town)	(County)) (Stote
21. I certify that (I) (this hospital) attends saw the deceased alive an 220 SIGNATURE 220. PHYSICIAN'S NAME (Type) Dr. Thomas E. W	elle	M.D. ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR [the causes ar	ad an the date	hat (I) (we) las e stated abave 22b. DATE SIGNED
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 10-9-61	23c. NAME OF CEMETERY O			dallstown		(Stote)
24 FUNERAL DIRECTOR'S SIGNATURE	A BOAFSS T	Road 25a.	REC'D BY REGIST		STRAR'S SIGNATU	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fitted in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Baard at Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death. TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TOH VR A15 (4)

hours after death. Pagera



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11041 shauld be filed with director PLACE OF DEATH COUNTY the funeral CITY OR TOWN (If autside corporate limits, write NAME OF HOSPITAL (If not in hospital, give stre 25 ond 2 NAME OF DECEASED First ō Poges 1 (Type or print)

6. COLOR OR RACE

USUAL OCCUPATION (Give kind of work done I duking most of working life over if retired)

18. CAUSE OF DEATH [Enter only one couse pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)

PART II. OTHER SIGNIFICANT CONDITION

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

Canditions, if ony, which

gove rise to immediate

couse (a), stating the under-

20c. TIME OF INJURY Month,

Hour a. m

ACTUAL

PHYSICIAN'S NAME (Type)

BURIAL, CREMATION, REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21. I certify that I attended the dece

F. Maloney 22b. DATE THEREOF

lying couse lost.

CERTIFICATION

0

WIDO

DUE TO

DUE TO

(b).

20d

Wh of v

ADDRESS

SEX

13. FATHER'S NAME

CERTIFICA	ATE OF DEATH	1	Reg. Dist. No.	11031
MARYLAND	2. USUAL RESIDENCE (WE	here deceased lived. If institution b. COUNTY	Residence befor	
c. LENGTH OF STAY IN 16	coly or town (III a	outside corporate limits, write R		
eet oddress)	d. STREET ADDRESS	ter and		ON A FARM? YES NO
2, Middle BC	lackwell	4. DATE Mon	th Do	Year 19 6 /
ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	9. AGE (In years Jost birthday) 76 yrs.	Months Doys	Hours Min.
06. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN O	F WHAT COUNTRY?
orne	14. MOTHER'S MAIDEN N	iame luk	wow	1
16. SOCIAL SECURITY NO.	NEORMANT LEBE-	177 Wenters	ave, Ca	Invenile
r line for (o), (b), ond (c).] Mitr	al Insuffic	i en c y		RVAL BETWEEN ET AND DEATH Days
Hypertensive	Cardio-Rena	al Disease		?
				,
IS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(o) 15	YES NO 187
DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	Part I or Port II of item 18.)		
	ACE OF INJURY (Home, form ctory, street, affice bldg., etc		(County)	(State)
pased from Oct. Is $6I$, and that death	t., 19 6I, to Oc occurred at 5.30	t,7th 1961 PM, from the causes o	that I last so	w the deceased te stated abave.
2010. MIN		ADDRESS (Street, city or town, ters Lane	stote)	DATE SIGNED
M.D.	Catonsv	ille, 28. Ma	l.	• • • • • • • • • • • • • • • • • • •
220 NAME OF CEMETERY O		22d. LOCATION (City, town, o	or county)	(State)

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE arthur S. Kraus

2

OF TOTAL BIRECTOR: After this certificate has been signed by page 3 should be detached for use as the burial-transit permit.

ar attending physician.

by the haspital

the registrar prior to burial, cremation, ar remayal, and

24 hours after death. Page

and campletely

attending

popers.

Then please remave carbon pur

in ony

ATTENDING PHYSICIAN: The law requires that the death certificate be executed withi

100 and the state of the property of the state o

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1/6			
X	V	-	
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MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF ILLAST.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

11032

		11		
1042	CERT	IFICATE	OF	DEATH

Baltimore	MARYLAND	a. STATE	e nce (Where dece Maryland	b. COUN		NAKKA L	nission)
b. CITY OR TOWN (if outside corporeta limits, write RURAL and give nearest town) Catonsville	c. LENGTH OF STAY IN 1b		N (If outside corpora Baltimore	te limits, write	RURAL and give	nearest town)	4
d. NAME OF HOSPITAL OR INSTITUTION (if not in he	spitel, give street eddress)	d. STREET ADDRES	55			e. IS RESID	
House in the Pines Conv	elsent Home	617 Color	rado Avent	ae 10		YES N	-
NAME OF First DECEASED (Type or print) Pauline	Middle Dorothea	Last Blome	4. DATE OF DEATH	Month Oct.	Dey	Yeer 19 6	1
5. SEX 6. COLOR OR RACE 7. MARR	ED NEVER MARRIED B	DATE OF BIRTH		GE (In yeers	IF UNDER 1 YEAR	ARTICLE STATE OF THE PARTY OF T	
Female White wow		March 1, 18	386	st birthday) 5 yrs.	Months Days	Hours	Min.
Oe. USUAL OCCUPATION (Give kind of work done during most of working life, even if raticed) Retired Registered Nurse	Self		ounty & State, or for Marylar		12. CITIZEN C	S. A.	UNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDE					
George S. Blom	e	Pauli	ine Stauf				
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. I	NFORMANT		Address			
Yes, no, or unkown) (Ifyesgivewerordetesofservice)	? Mi	ss Ann O. H	81 ome 617	Color	ado Ave.	Ralto	. 70
I IB. CAUSE OF DEATH (Enter only one cause per	line for (a) (b) and (c)]					TERVAL BETWI	
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) Conditions, if any, which geve rise to immediate cause (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CO					EN IN PART (a)	123	•
	SCRIBE HOW INJURY OCCURED					PERFORM	MED?
OR CONTRIBUTING CAUSE OF DEATH	OCKIDE HOW INCOME OCCURS	(and national symposis		,			
20c. TIME OF INJURY Month, Dey, Yeer 2Dd Hour a.m. Whi	leNot While fact	CE OF INJURY (Homa, fory, street, office bldg.,		town)	(County)	(St	tata)
21. I certify that (I) (this hospital) after	Z1961, and that	death occured at.				ate stated a	above
The mer D. Ed.							
3e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY		23d. LOCATI			(Stete	9)
3e. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C Loudon Park			timore			e)

Sign and 4. - Proposition of June 2007 Plants and the sail and the first the said 1370 Carl Flore a father white the last the Show I To Know the - for METHER DE LOTTE BE LEVEL LEVEL SEE SEE SEE 11043

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

11033

1. PLACE OF DEATH o. COUNTY	Baltimore		MARYLAND		USUAL RESIDENCE (Who s. STATE Maryla		l lived. If institution b. COUNTY		before admi	
RURAL and give	(If outside corporate limits, nearest town) icott City	write c. LE	ength of stay in 16		c. CITY OR TOWN (If at	icott		URAL ond giv	e nearest to	wn)
	PITAL (If not in hospital, give			1	d. STREET ADDRESS		r Avenue		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First Christ		Middle Agnes	-11	Lost Blum	4. DATE OF DEATH	Mon	oth Oc-	Day	Year 1961
5. SEX Female	6. COLOR OR RACE 7.		NEVER MARRIED	100	are of Birth rch 1, 1880		9. AGE (In years last birthdoy)	IF UNDER 1		DER 24 HRS
	TION (Give kind of work don orking life, even if retired) 1Sewife		of Business or IND n Home	USTRY	11. 8IRTHPLACE (Stote of		untry)	12. CITIZE	U.S.	A .
13. FATHER'S NAME				14	. MOTHER'S MAIDEN N	AME				
	Henry Thomey					lizabe	eth Brown	n		
15. WAS DECEASED EV (Yes, no, or unknown)	VER IN U. S. ARMED FORCES (If yes, give war or dates of service	e)		INFOR	mant ester H. Bl	um Wes	Addi stchester		City, Ellic	
Conditions, if gave rise to cause (o), statin lying cause los	g the under-	-	,		0 - Vascular RELATED TO THE TERMIN			/EN IN PART I	2 ge	FORMED?
OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING 201 IG CAUSE OF DEATH FY MEDICAL EXAMINER)	DESCRIBE	HOW INJURY OCCURE	RED. (Er	nter noture of injury in P	ort I or Port	II of item 18.)		TES [□ NO
20c, TIME OF INJU Hour a. m p. m	19	While of work [Not while at work	foctory,	OF INJURY (Hame, farm, street, office bldg., etc.)				unty)	(State
21. I certify the saw the dece	nat (I) (this haspital) a ased alive an	ttended t	he deceased fram 19 <u>6</u> /, and that	deat	n accurred 3 P	M, fram	the causes ar	19 6/ nd an the	date state	ed abave
22c. PHYSICIAN'S	lin A. Jan	aura		M.D.	ATTENDING ME PHYS. DIR	D. RECTOR	STAFF PHYS.		10/29	22b. DATE
NAME (Type)		Gassar	way		Ellicott	City,	Md.			
23a. BURIAL, CREMAT REMOVAL (Specif Buria)			Name of CEMETERY New Cathe		71	23d. LOCAT	TON (City, town, Baltimo			tate)
24. FUNERAL DIRECTO		03/2	ADDRESS	177		BY REGIST	RAR 25b. REGI	STRAR'S SIGN	ATURE	

Total decorate and the second amendical and the control of the control of the control of the control of STATE OF THE STATE * 1

FOR STATE 1. PLACE OF DEATH e. COUNTY and 3 to the funeral director. Page is necessary lies. Po Boa be retained State DECEASED the (Type or print) with may N EPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after se execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, a ould be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 UNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 any 2. removal. 0 cause lest. cremation, CERTIFICATION ise execute the certificate, writing the word nould be forwarded to the Chief Medical E burial, CAUSE OF DEATH. prior should be forwarded to th FUNERAL DIRECTOR: agent, its designated SIGNATURE EXAMINER'S NAME (Type) 220. SURIAL, CREMATION. REMOVAL (Specify) 40 Burial 23. FUNERAL DIRECTOR

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) b. COUNTY Baltimore Md. MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest town d. NAME OF HOSPITAL OR e. IS RESIDENCE edale Road ON A FARM? YES NO XX Middle DATE DEATH 19 AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lest birthdey) Hours 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Emmett Augusta U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: Coronary Occlusion IMMEDIATE CAUSE (e) 10 min. DUE TO Hypertensive C.V. Disease Conditions, if eny, which (b) geve rise to immediate ceuse DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? Obesity NO X 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury In Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | more 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f, (City or town) (County) fectory, street, office bldg., etc.) Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | Inquiry X and in my opinion death resulted from: Natural causes Accident , Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) Baltimore, Maryland New Cathedral Cemetery

ADDRESS

24a. REC'D 8Y REGISTRAR | 24b. REGISTRAR'S SIGNATURE DATE OCT 3 1 '61

Howard H. Hubbard 4107 Wilkens Avenue

arilar S. Thous

M. O. Him Drive silf ovedale ord D. Boll ner 1/1/11 emmet Lorna Lugue Chemoure James W. Bollinger, Jr. none Coronery Occumson. . T. Lydevilleive C.V. Distance Burtal 10/51/1 New Cothodral Cometery Seldinore, Marylend

Morend I. Hubband 4107 Wilkens venue

Chiling S. Thrus

DATE OCT 1 6 '61

Frank H. Newell Pikesville, Md.

0 VS A15 (4)

15M 9/58

ARBET CHES A STORES The state of the s A.D. DE COMPANY DESCRIPTION OF THE PROPERTY OF And the second second second second second Trouble . abids . Compress of the and the state of the state of the state of

N	ARYLAND	STATE	DEPA	RTMENT	OF I	HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11046 CERTIFICATE OF DEATH

11036

PLACE OF DEATH		OF ALC . I	account lived If		D 11 1.	ra admission
a. COUNTY Baltimore MARYLAND	2. USUAL RESIDEN •. STATE	d.	b. COUN	TY _		
MARI ERIED					Balto.	4
b. CITY OR TOWN (if outside corporata limits, write RURAL and give naerest town)	c. CITY OR TOWN		porata limits, write	B KUKAL en	d give nearast	town)
Reisterstown	Reiste	rstown				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS					S RESIDENCE
149 Westminster Road	149 Wes	tminste	er Road			□ NO □
NAME OF First Middle	Last	4. DATE	Month	1	Day	Year
(Type or print) Birdie Louise E	roadfoot	DEATH	0c	t.	23,	19 61
. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9	AGE (In years			IDER 24 HRS.
Female White WIDOWED A DIVORCED	Jan. 29,187	9	last birthday) 82 yrs.	Months	Days Hou	rs Min.
Da. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Cour	nty & State, or	foreign country)	12. CIT	TIZEN OF WHA	AT COUNTRY?
one during most of working life, even if retired) Housework	Daltima	ma Mit-			TTE	7 A
FATHER'S NAME	Baltimo:	NAME OT LY	/		0.5	A
Charles King 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Susanna	an	Ste	one		
(as, no, or unkown) (Ifyasgive war or datas of servica)		F-13-17-18				
	rs. Louise B	. Chane	ey Re	isters		Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]						BETWEEN ND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thron	nbosis					mins.
MMEDIATE CAUSE (a) COPONARY TOPON	nbosis					
4201 Due to		o a a u l	an Dine	2000	15	mins.
MMEDIATE CAUSE (a) COPONARY THRONG 4201 DUE TO Conditions, if eny, which gave rise to immediate cause (b) Arterioscleroti		ascul	ar Dise	ease	15	
Conditions, if eny, which gave rise to immediata cause (a), stating the underlying DUE TO Conditions, if eny, which gave rise to immediata cause (a), stating the underlying DUE TO		ascul	ar Dise	ease	15	mins.
Conditions, if eny, which gave rise to immediate cause (a), stating the underlying cause last. Coronary Thron Due to (b) Arteriosclerotical position of the coronary thron Due to (c) (c) (d) (d) (e) (e) (f) (f)	ic Cardio V				15 ye	mins. ars
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Conditions, if eny, which gave rise to immediata cause (a), stating the underlying Causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ic Cardio V	Pert I or Pert I	CONDITION GIV		15) ye.	ars As AUTOPSY REFORMED?
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Conditions, if eny, which gave rise to immediate cause (a), stating the underlying DUE TO	OT RELATED TO THE TERMI D. (Enter natura of injury in ACE OF INJURY (Homa, farctory, street, offica bldg., atc.)	Pert I or Pert I	CONDITION GIV II of item 18.) y or town) October	(Cou	ye. T 1(a) 19. W/Pi YES [mins. ars AS AUTOPSY PREFORMED? (Stata)
Conditions, if eny, which gave rise to immediate cause (a), stating the underlying DUE TO Causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yaar Hour e.m. p.m. 19 20d. INJURY OCCURRED While at work and the saw the deceased alive on CC. T.O.O.T. 20.19.61, and the	OT RELATED TO THE TERMI D. (Enter natura of injury in ACE OF INJURY (Homa, farctory, street, offica bldg., atc.)	Pert I or Pert I	CONDITION GIV II of item 18.) y or town) October	(Cou	ye. T 1(a) 19. W/Pi YES [AS AUTOPSY REFORMED? (Stata) () (we) last ated above
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Service of AVAL, 181, trais Land to the state of the state rita magil gradaga. The part of the second of the Marchard . Storobell, M.M. _ LB M. Strongt, the states into the sees not be not be the more like and the last . E. Piles a Consumption of the Property of the

Funeral Home, 802 Madison Ave.

Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM? YES NO THE

19 61

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

4 DAYS

UNKNOWN

UNKNOWN

(County)

arthur & Krous

WAS AUTOPSY

PERFORMED?

NO TO

(State)

SIGNED

(State)

U.S.A.

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CEDTIEICATE OF DEATH

11039

		148		CERTII	ICA	IL OF L	LAIT			Reg. D	ist. No.	12, 30	.000
1.	PLACE OF DEATH . COUNTY Baltimor	•		MARYL	AND	2. USUAL RESI		ere deceased	l lived. If institu b. COUNT			e admissi	ion)
	b. CITY OR TOWN (I RURAL ond give on Catonsvi	f outside corporate limi earest tawn) 11e.,	its, write	c. LENGTH OF STAY I	NIP		TOWN (If o		rote limits, write			rest town)
		A Winters				d. STREET A		ers La	ne.,				IDENCE FARM? NO
3.	NAME OF DECEASED (Type or print)	Fii HAJ		Middle		Los BROWN		4. DATE OF DEATH		onth	Do		Year 1961
5.	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIE	ПВ	DATE OF BIRT			9. AGE (In year	IF UNDE			R 24 HRS.
	male	colored	WIDOWI	ED DIVORCED		Dec. 24	1885		75 birthday)	Manths .	Days	Hours	Min.
10	during most of work Laborer	ON (Give kind of wark king life, even if retired	dane 10b.	KIND OF BUSINESS OF	INDUST		ACE (Stote of		ountry)	12. CI		S. A	COUNTRY
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME				-	
		saih Brown					ra Nug	ent					
		R IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO.		formant s. Sadi	le Bro	wn:	Item # 2	dress			
NO	PART I. DEA 153.9 Conditions, if a gave rise to i cause (a), stating lying cause lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO ny, which mmediate the under- (c)))	Carcinor Carcinor						Mon:	ths	D WAS A	ays
CERTIFICATION	20a. ACCIDENT WA	Parkinson AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER		CRISE HOW INJURY OC	CURRED.	(Enter noture a	f injury in P	art I ar Port	II of item 18.)	· · ·		YES 🗌	NO [
MEDICAL (20c. TIME OF INJUR Haur a. j., p. m.		or 20d. It While at work	Not while	20e. PLAC focto	E OF INJURY (ary, street, office	Home, farm, bldg., etc.)	20f. (City	or town)		(County)		(State)
	ACTUAL SIGNATURE		10	ed from June SI, and that a Mey M	death o	occurred at	2.00/ Winte	M, from	the causes	and an i	the dat	e state	
22	BURIAL CREMATIC	10/22/61)F	22c. NAME OF CEMEN Western		CREMATORY		22d. LOCAT	ION (City, town,	or county)		(Stote)
23.	FUNERAL DIRECTOR		en	Rockville,				8Y REGISTI 2 4 '61	RAR 24b. REC	SISTRAR'S SI			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 may retained by the hospital or ottending physicion.

• FULL AL DIRECTOR: After this certificate has been signed by the ottending physicion and completely in by the funeral director, page 3 shauld be detached far use as the buriol-transit permit. Then please remove carban pagers. Pages 1 and 2 should be filed with the registrar prior to buriol, cremation, or removal, and in any event within 72 hours after death. TO FU

los de la company de la compan colored deservations of the little of the li 91 301 ingt. w TICL S and import of . . . the course the course of the c A stranger Carling at the second . . .

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11049

11039

1. PLACE OF DEATH	imore	MARYLAND	2. USUAL RESID	DENCE (Where decea	sed lived. If instituti b. COUNTY	an: Residence befa	
RURAL and give n	(If autside corporate limits, wr learest town) • 7(Rockdale)	c. LENGTH OF STAY IN 16	Baltim	OWN (If autside cor		RURAL and give nee	
d. NAME OF HOSPI OR INSTITUTION 3662 Cli	TAL (If not in hospitol, give st fmar Road	reet address)	d. STREET A	DDRESS lifmar Ros	ıd		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type ar print)	First Sia	Middle Paul B	rown.	4. DATE OF DEAT		_	y Year 3 19 61
5. SEX Male	White win	OWED DIVORCED	Sept. 1	5,1909	9. AGE (In years lost birthdoy) 52 yrs.	Months Days	Haurs Min.
Engineer 13. FATHER'S NAME	rking life, even if retired)	10b. KIND OF BUSINESS OF INDUST General Baking C	M 14. MOTHER'S	aryland MAIDEN NAME			F WHAT COUNTRY?
Jacob Br	FOWD. ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17. INF 212-03-3588 Mr		elia Comba n C.Brown,			d yland ERVAL BETWEEN
Canditians, if a gave rise to couse (a), stating lying cause last.	the under- (c) (c)	COMPLETE CORONARY	HEAR SC.	T BL	ock 515		
CATIC	'AS UNDERLYING [20b.	ONS CONTRIBUTING TO DEATH BUT N DESCRIBE HOW INJURY OCCURRED.				VEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WORK CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJU Haur a. m. p. m.	V		CE OF INJURY (ary, street, office		iity ar tawn)	(Caunty) (State
		tended the deceased from 2 Rp 31961, and that de		d ab 20 M, fra	m the causes a		
22c. PHYSICIAN'S NAME (Type)		P. Scalia		Reisters	town Rd,	Pikesvill	e 8, Md.
23a. BURIAL, CREMATI REMOVAL (Specify Burial	ON, 23b. DATE THEREOF 10/26/61	23c. NAME OF CEMETERY OR New Cathedral		The second second	altimore	Me	(Stote) aryland
24 FUNERAR DIRECTO	R'S SIGNATURE	8728 Liberty Randallstown,		DATOCT 2 6 '6		ISTRAR'S SIGNATU	

moy contended by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. UTAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within TO HC VR A1S (4) 15M 9/S9

hours ofter deoth. Page 4

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TO HEAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exerted within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
11050 CERTIFICATE OF DEATH 11050

		2. USUAL RESIDENCE (Whate decessed lived, it institution; kesidence before edmission)
	1	S. COUNTY DAITIMONE MARYLAND PATTE Y AND BALTIMONE
V	1	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b
1	2	write RURAL and give mearest towny ton 2 mass Rural - Parkton
	1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) o. IS RESIDENCE
		Prottyhou Dam Rd Prottyhou Dam Rd. VES TINO X
V		NAME OF A First Middle Lest A. DATE Month Day Year
		DECEASED (Type or print) Tan / RV (Till Death On Tahar 4 196)
	5.	SEX 6. COLOR OF RACE 7 MARRIED TO NEWED WARDING TO 8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR) IF UNDER 24 HRS.
		WIDOWED DIVORCED DAC 30/898 Grand Months Days Hours Min.
	10a	
	dor	addring most of working life, even if retired) D. +.
	11	AATHER'S NAME
1	"(WITHERS HAME IN THE TOTAL OF THE STANDER HAME IN THE STANDER HAME
	1	reorge D. Drown Grace Reene
1	(Ya	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Of Color of Col
		110 2/3-0/32/1 MM IFWAND Prown, Varyson, 190, 8.10
		8. CAUSE OF DEATH [Enter only one causa per line for (e), (b), end (f).] INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: Hy pertensis Carley Vascular Research
		443 × DUE TO /
2		Conditions, if eny, which (b)
		gava risa to immediate ceuse (a), steting the underlying DUE TO
		ceuse lest. (c)
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
Ø,	ATION	YES NO
	CERTIFIC.	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Part I or Part II of item 18.)
)	CERI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
8	14	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Steta)
	MEDICAL	Hour a.m. While Not While factory, street, office bldg., etc.)
	×	y.m. 17
Đ.		21. I certify that (i) (this hospital) attended the deceased from 1961, to 067, 4, 1961, that (l) (we) last
Н		saw the deceased alive on
		226. SIGNATURE 22b. DATE ATTENDING MED. STAFF SIGNED
		M.D. PHYS. DIRECTOR PHYS. 10/6/6
		22c. PHYSICIAN'S NAME (Type) A LA LOIZ 1/2 - 22d. ADDRESS NAME (Type)
		M. M. FRANCE 1771110N, MO
		REMOVAL (Specify) 230. DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY 23d. 19CATION (City, town or county) (State)
	L	Surial VCI-1-176/ Tine Grove emelery / arklon, INCI
-	24	AUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. PEC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
1	X	Lacol Harlenslim, Heur Freledom, Fax, DATIOCT 10'61
79	17	7

112/12/2 L. F. Karal-Karklan Zoics Kurak Harklan Frettilley from Kat Inthydry fam Roles E 19 1 A sangage in the same of the Doc 30/899 62 Fainter Painting Ellicott City, Nd 2 2 st Elkeorge & S. Brown Cong. Conge Keers Com Moles Signal Dary Will fine Conception / Early fan Ma Locale Hacken line Hour Frederich in mar num - Land

FOR STATE DEPT. TO LEVUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. y delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Heath, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
11051 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
1104 11041

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where dacaasad livad, If Institution: Residence before admission)
D 713	RYLAND . STATE Maryland b. COUNTY Harford
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	
Catonsville 2 days	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street as	ddross) d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
Spring Grove State Hospital	518 Franklin St.
3. NAME OF First Middle DECEASED	OF
(Type or print) Hughes Engl	0000
5. SEX 6. COLOR OR RACE 7. MARRIED 2 NEVER MAR	
M WIDOWED DIVOR	10/4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
This Laborer Day	Unhappyh Md. Uphphphyh/U.S.,
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unkadah Samuel O. Burlin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 11. SOCIAL SECURITY (Yes, no, or unknyr) (Ifyasgivewarordalasofservice) 20-05-39	17. INFORMANT Address
NO Unknown Unknown	Records: Spring Grove State Hospital
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and	d (c).] INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ut Cardiae Lache
1530 DUE TO 1	1- 1- OR 1. 12 .
Contribution of the Contri	Mestral Halegnarey (accum)
gava risa to immadiata causa	
(a), stating the underlying DUE TO	resolved action & clerke
	EATH BUT NOT PLATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY
OF THE STATE OF TH	PERFORMED?
U CO. FYTERNAL CALISE WAS 1204 DESCRIPT HOW IN HIRA	OCCURED. (Enter nature of Injury In Part I or Part II of item 18.)
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	OCCURED. (Enter nature of injury in rats) of Part II of Item 10.7
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRE While Not While at work at work at work	
Hour a.m. While Not While at work at work	factory, street, offica bldg., etc.)
21. I certify that I took charge of the remains described	above, held an Autopsy , Inspection , Inquiry , and in my opinion
death resulted from: Natural causes . Accident	, Suicide , Homicide , Undetermined manner
The state of the s	CHIEF MEDICAL EVAMINED
ACTUAL SELECTION OF THE	ASSISTANT MEDICAL EVANINED TO DETTY STONES
SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER TO 1/2 1/4 FLEET TOTAL
EXAMINER'S George M. Kieffer, M.	DEPUTY MEDICAL EXAMINER Z /0/0
	D Address (Streat, city, town, or county) 10/20/61 CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) (State)
REMOVAL (Specify)	33 Camatana B 1 B 1 B 2
	well Cemetery Port Deposit Md. Rural
23. FONERAL DIRECTORY	10 May 200. REC D BI REGISTRAR 2 200. REGISTRAR 3 SIGNATURE
See Wasiefferson & Jerry Me	CC / 1/10 . DATE OCT 2 3 '61 . King 2. Kings
	/ 25, 7000000

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
11050 CERTIFICATE OF DEATH
11049

	-1004				27 () 12
1. PLACE OF DEAT				NCE (Where deceesed lived, If Institut	ion: Residence before admission
Baltimor	e	MARYLAND	e. STATE Marvlan	b. COUNTY	Howard V
b. CITY OR TOWN	(if outside corporete limits,	c. LENGTH OF STAY IN 16		(If outside corporete limits, write RURA	A STATE OF THE STA
	d give neerest town)	7 Dozes	Elkridg		17X -T
Fort Howa	ITAL OR INSTITUTION (if not in he	7 Days	d. STREET ADDRESS		e. IS RESIDENCE
					ON A FARM?
	Administration E	[ospital	1411 Mo	ontgomery Road	YES NO X
NAME OF DECEASED	First	Middle	Last	4. DATE Month	Dey Yeer
(Type or print)	LUTHER	F. I	BUTTS	DEATH October	11 1961
5. SEX	6. COLOR OR RACE 7. MARRI	ED X NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In years IF UN	DER 1 YEAR IF UNDER 24 HRS.
Male	White widow			last birthdey) Mont	hs Deys Hours Min.
IO- HELIAL OCCUPA	TION (C' - L' - L - L - L - L - L - L - L - L -	WIND OF BUILDINGS OF BUILDINGS	pril 29,193	30 31 yrs. unty & State, or foreign country) 12	CITIZEN OF WHAT COUNTRY?
done during most of w	orking life, even if ratirad)	man Koepke Ji			
		Houses	McGenee,	Arkansas	U. S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Frank But	ts		Lillie Mo	Kenny	
		SOCIAL SECURITY NO. 17. 1		Address	.0
	(If yes give wer or detes of service)	29-52-0962 Cli	nical Recor	ds VAH Baltimore	18, Maryland
Yes	Korean #2 DEATH [Enter only one ceuse per		NAT. HOMPAN I	TATRION	I INTERVAL BETWEEN
	TH WAS CALISED BY				ONSET AND DEATH
/1	IMMEDIATE CAUSE (0) LNT	RACRANIAL BLEED	LNG		1 Day
75	DUE TO				
Conditions, if an	y, which) (b) ANEU	JRISM OF INTERNA	AL CAROTID A	ARTERY, LEFT, CONGE	NITAL
geve rise to immed	diete cause				
(a), steting the	underlying DUE TO				
cause lest.) (c)				
PART II. OTHE	R SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN	PART I(e) 19. WAS AUTOPSY PERFORMED?
3					YES NO X
		SCRIBE HOW INJURY OCCURED.	(Enter nature of injury in	Pert I or Part II of item 1B.)	
OR CONTRIBUTING	G CAUSE OF DEATH Y MEDICAL EXAMINER)				
		INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fer	rm, ' 20f. (City or town)	(County) (Stete)
20c. TIME OF INJ	URY Month, Dey, Yeer 20d. Whi	1- 1	ory, street, office bldg., et		(County) (Siele)
p.m.	19 et wo				
21. I certify	that (this hospital) atter	nded the deceased from	October 4	161 to October 11	1961, that (*) (we) last
the deser	and alive an October	77 10 67 and that	double accuracy at 7		
			deam occured al.	k I om me causes and	22b. DATE
228. SIGNATURE	7-7-1		ATTENDING	MED. STAFF	10/12/61
	Crahan	М.		DIRECTOR PHYS.	10/12/01
22c. PHYSICIAN'S			22d. ADDRESS		
	F. CRAHAN, M.D.		VAH, BALT	IMORE 18, MARYLAND,	FT. HOWARD DIVIS
3a. BURIAL, CREMAT	TION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or	county) (Stete)
REMOVAL (Spacify Burial	" 10/16/61	Baltimore Na	tional Cemei	tery Baltimore	28. Maryland
		331 ABRESHMS La		EC'D BY REGISTRAR 25b. REGISTRA	
4 FUNERAL DIRECTO		COL THE MINES LE			S. Kraus
Schimunek	Funeral Home 2	601 E. Madison	Balto. DATE	William Cirling	A. Thank

Md.

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MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11053	CERTIFICATE	OF DEATH			11042
1. PLACE OF DEATH		2. USUAL RESIDE	NCE (Where deceased live	d, If institution: Resid	sence before admission
•. COUNTY Baltimore	MARYLAND	a. STATE	yland b.c	OUNTY TO	Himou
b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16		(If outside corporete limits,	write RURAL and gi	ve neerest town)
write RURAL and give neerest town)	1 -	V			
Fort Howard	6 Days	Baltimor			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospi	tel, give street eddress)	d. STREET ADDRESS	S		IS RESIDENCE ON A FARM?
Veterans Administration Hos	oital	1 705 West	over Road		YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE	lonth D	ey Yaar
(Type or print) ROBERT	0.	BUTTS	OF DEATH Cot	ah osa	19 61
5. SEX 6. COLOR OR RACE 7. MARRIED		DATE OF BIRTH		ober	- Make
			last birthd	ey) Months Day	
Male White WIDOWED	- II.6	bruary 1,	1894 67 Y		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Co.	unty & Stete, or foreign cour	itry) 12. CITIZE	OF WHAT COUNTRY
	imore Country/		k. Maryland	U.S.	Α.
13. FATHER'S NAME		14. MOTHER'S MAIDEN			
Arthur U. Butts	23/10/11/19/1	Moser II II-			
	OCIAL SECURITY NO. 17. IN	Mary E. Ev	ernart Add	dress	
(Yas, no, or unkown) (Ifyesgivewerordatesofservice)	0				
		Rec VAH	Baltimore Md.	-Ft Howard	
1B. CAUSE OF DEATH [Enter only one ceuse per lin	e for (e), (b), and (c).				INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) THRO	MBOSIS OF LEFT	MIDDLE CER	EBRAL ARTERY		2 WEEKS
DUE TO					
Conditions, if eny, which) (b) ARTE	RIOSCLEROSIS,	TENERAT.			UNKNOWN
gave rise to immediate cause					OTATETACAATA
(e), steting the underlying DUE TO					
cause last. (c)	ANNUAL TO BE LEVEL AND A LOCAL		This bissass continues		11 10 MAG ANTORON
PART II. OTHER SIGNIFICANT CONDITIONS CONT Emphysema of Lungs; Art 200. ACCIDENT WAS UNDERLYING 20b. DESC. OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	KIBUTING TO DEATH BUT NOT	RELATED TO THE TERM	INAL DISEASE CONDITION	GIVEN IN PART I	PERFORMED?
Emphysema of Lungs; Arte	eriosclerotic 1	Heart Disea	se		YES NO
200. ACCIDENT WAS UNDERLYING 206. DESC	RIBE HOW INJURY OCCURED.				
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
ZOc. TIME OF INJURY Month, Dey, Yeer 20d. IN	JURY OCCURRED 200, PLAC	E OF INJURY (Home, far	rm, ' 20f. (City or town)	(County	(State)
Hour a.m. While	Not While factor	y, street, office bldg., et			
	et work				
21. I certify that X) (this hospital) attended	ed the deceased from S	ept. 29	19.61 to Oct.	5, 19.63	, that (X (we) la
saw the deceased alive on Oct. 5.	19.61., and that o	death occured ar	3.M, from the cau:	ses and on the	date stated above
220. SIGNATURE	1				22b. DATE
1 LATTON	11000/	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	70	10-5-61
22c, PHYSICIAN'S	The man	22d. ADDRESS			20-7-02
NAME (Type) John W. Pemberte	on M.D.	WALL DOT 45	mana Md TH	Hermand Di	
			more Md - Ft		
23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY OF	CREMATORY	23d. LOCATION (City	, rown or county)	(Steta)
	Baltimore Natio	onal	Baltimore	Mary	Land
24 FUNERAL DIRECTOR'S SIGNATURE	6009 REHarford	25e. Ri	EC'D BY REGISTRAR 256.	REGISTRAR'S SIG	NATURE
Wm. Cook-Blight Inc	Baltimore II		CT 1 0 '61	Ireling & the	· LLA

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exercised within 24 hours after see. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compretely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should so the state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERT	IFIC.	ATE	OF	DEA	TH

110AA

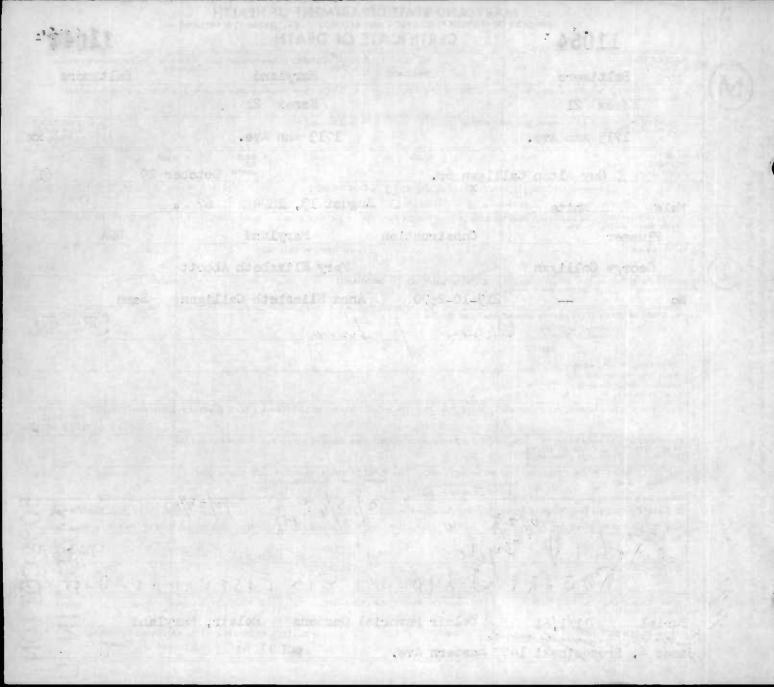
11094	CERTIFICAT	E OI DEATH		アポリスル
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where dec		dence before admission)
o. COUNTY Baltimore	MARYLAND	o. STATE Maryland	b. COUNTY	Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and sive nearest town	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside of Essex 2)		nd give nearest tawn)
d. NAME OF HOSPITAL (If not in hospitol, give stree OR INSTITUTION 13 Ann Ave.	t address)	d. STREET ADDRESS 1713 Ann Ave	10	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Guy Alton Call	Middle	Lost 4. DA	Month ATH October 29	Day Year 19 61
	-	DATE OF BIRTH		DER 1 YEAR IF UNDER 24 HRS.
Male White WIDOV	WED DIVORCED	August 13, 1894	67 yrs. Month	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or forei	ign country) 12.	CITIZEN OF WHAT COUNTRY
Plummer	Construction	Maryland		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
George Calligan		Mary Elizabet	h Abbott	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no, or unknown) 1 (If yes, give wor or dates of service)	S. SOCIAL SECURITY NO. 17. INF	ORMANT	Address	
No == 2	213-10-2570	Anna Elizabeth	Calligan Sa	eme
1B. CAUSE OF DEATH [Enter only one cause pen	line far (o), (b), and (c).]	P		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	aner of	Juna.		3 mulhe
163X DUE TO				
Conditions, if ony, which) (b)				
gave rise to immediate cause (o), stoting the under-				
lying couse lost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO [2]
THE OR ACCIDENT WAS INDESTRUCTED TO DO DE	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part Lo	r Port II of item 18.)	IES NO E
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
A Haur o. m. While	£ -1-	CE OF INJURY (Home, farm, 20f. ory, street, office bldg., etc.)	(City or town)	(County) (State)
21. I certify that (I) (this hospital) jotten	4 1	115/6/11/2		9, that (I) (***) los
saw the deceased alive on	194/ , and that de	ath accurred ofM, fr	am the couses and on	the dote stoted obove
220. SIGNATURD hat V. J.	y den M	.D. ATTENDING MED.	STAFF PHYS.	10/35/GIGNED
22c. PHYSICIAN'S ROBERT	J. LYDEIN	22d. ADDRESS EA	STERNAL	1= BILT 211
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY 23d. L	OCATION (City, town, or coun	ty) (Stote)
REMOVAL (Specify) Burial	Belair Memori	al Gardens Be	lair. Maryland	
A. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY RE	EGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
Names E. Bruzdzinski 1407	Eastern Ave.	oget 31 '	61 anthur S.	/ Walls

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fined in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

CZAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

hours ofter death. Page 4

TO HO VR A1S (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c. CITY OR TOWN (If putinde corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Year 19 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Hours 12. CITIZEN OF WHAT COUNTRY? Address HENRY F. BECKER 8628 DAKLEIGH RO INTERVAL BETWEEN ONSET AND DEATH ales PERFORMED? YES NO (County) (Stote) 1961, that I last saw the deceased M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) 22d. LOCATION (City, town, or county) (Stote) MD 24b. REGISTRAR'S SIGNATURE arihan So Traves

	ATTE OF DEATH		* 37.7	
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TO Page 4 may be retained by the hospital or attending physician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of rector, page 3 should be defached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11057

CERTIFICATE OF DEATH

11047

1. PLACE OF DEATH			2. USUAL RESIDENCE	(Where decessed lived, If institution; I	Residence before edmissjon)			
e. COUNTY Baltimore			e, STATE	b. COUNTY	_ V			
b. CITY OR TOWN (if outside		c. LENGTH OF STAY IN 16	Maryland	utside corporete limits, write RURAL en	d give nearest town)			
write RURAL and give nee	erest town)) / (a) A			
Fort How		32 Days	Baltimore	30	Z V V V - 7			
d. NAME OF HOSPITAL OR I	NSTITUTION (if not in hosp	pitel, give street eddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
Veterans	Administrat	ion Hospital	817 West (Stend Street	YES NO			
3. NAME OF DECEASED	First	Middle		. DATE Month	Dey Yeer			
(Type or print)	JOSEPH	W.	CLARK	DEATH October	27 1961			
5. SEX 6. COL	OR OR RACE 7. MARRIE		DATE OF BIRTH	9. AGE (In years IF UNDER 1				
			abana 20 200		Deys Hours Min.			
10a. USUAL OCCUPATION (Giv	HCB10	ND OF BUSINESS OR INDUSTR	ebruary 19,189	70	IZEN OF WHAT COUNTRY?			
done during most of working life	, even if retired)							
Stationary 1	Engineer P	ublic Building	Max Meadows 14. MOTHER'S MAIDEN NA	Virginia U.	S. A.			
			14. MOTHER'S MAIDEN NA	WE				
Austin C			Alice Grogans					
15. WAS DECEASED EVER IN U.S (Yes, no, or unkown) (Ifyesgive:		SOCIAL SECURITY NO.	NFORMANT RECORDS	Address TAU Polt-frame	10 16 7 2			
Yes WW		16-01-3205 FOR	RT HOWARD DIVI	, VAH, Baltimore	io, Maryland			
18. CAUSE OF DEATH [Enter only one couse per li		T TOWNTO DIAT	PTON	INTERVAL BETWEEN			
PART I. DEATH WAS	CAUSED BY: CARC	CINOMA OF STOM	CH WITH METAS	TASIS TO	UNKNOWN			
IMMEDIA	ABDY	MINAL ORGANS						
1517	DUE TO							
Conditions, if any, which	1-/	*						
(e), steting the underlying								
cause lest.) (c)							
PART II. OTHER SIGNIFI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED?							
PART II. OTHER SIGNIFI Operatio 200. ACCIDENT WAS UNDI OR CONTRIBUTING \(\text{AU} \) (If EITHER, NOTIFY MEDICA	n-10/3/61 Ex	quoratory Lapar	cotomy.gastroe	nterestomy	YES NO K			
206. ACCIDENT WAS UND	ERLYING 🗌 2Db. DES	CRIBE HOW INJURY OCCURED	(Enter neture of injury in Per	l or Pert II of item 18.)				
OR CONTRIBUTING CAUS	E OF DEATH							
ZOC. TIME OF INJURY M	onth, Dey, Year 2Dd.	NJURY OCCURRED 2De. PLA	CE OF INJURY (Home, ferm,	2Df. (City or town) (Cou	inty) (Stete)			
ZOc. TIME OF INJURY M	While		ory, street, office bldg., etc.)					
7,111	19 at work	1			-			
				61, 10 October 27, 19				
saw the deceased aliv	g gnOctober	2719.61, and that	death occured at A	M, from the causes and on	the date stated above.			
22e. SIGNATURE	1 1/8	- /	ATTENDING MED	STAFF	22b. DATE			
1		eleul M	DALLACE DIDE	CTOR PHYS.	10/27/6			
22c. PHYSTSLAN'S	and force	· · · · · · · · · · · · · · · · · · ·	22d. ADDRESS					
THOMAS F	. CRAHAN, M.	D.	VAH.BALTO.1	8 MD., FT. HOWARD DI	VISION			
23a. BURIAL, CREMATION, 23		23c, NAME OF CEMETERY		23d. LOCATION (City, town or count				
	10/31/61	Beltimore Not	ional Cemeter	y Baltimore	Se Manufand			
24 FUNERAL DIRECTOR'S SIGN		ADDRESS		BY REGISTRAR 25b. REGISTRAR'S				
Charles	ATORE	MDDKE33	OCT	0 0 161	7 1,			
Ollar Les	661 W Ber	re St. Balto M	DATE	Cirthung &	Trava			

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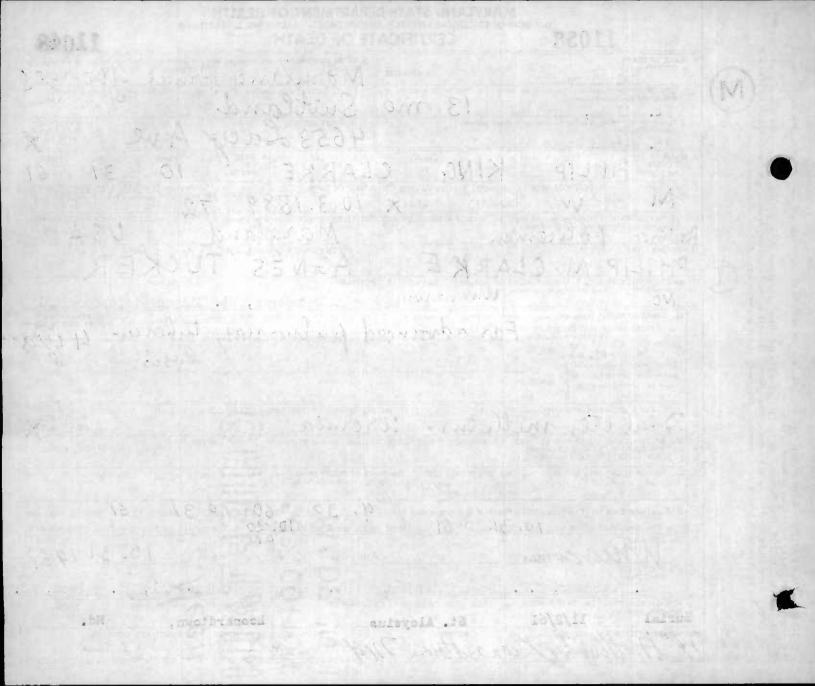
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Town A. Dens has 11, porms the ports 121,

PHYSICIAN: The law requires that the death certificate

MARYLAND STATE DEPARTMENT OF HEALTH



FOR STATE HEALTH DEPT.

TO PULY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages and 2 with the State Board Health, or igs designated agent, prior to burial, cremation, or removal, and in any event within 72 hours, after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11059 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 110 11049

1.	PLACE OF DEA	TH		2. USUAL RESIDE	ENCE (Where daceased lived, If	institution: Residence bafore edmission)			
	Baltimore Maryland			a. STATE Maryland b. COUNTY Queen Anne's					
b. CITY OR TOWN (if outside corporate limits, write RURA) and give nearest town) Dunda: Ik 10 Months			c. CITY OR TOW	N (If outside corporete limits, write					
			Chest	Chester					
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Res., 855 Loalan Avenue			d. STREET ADDRE	d. STREET ADDRESS 1 e. IS RESIDENCE				
				Chest	Chester, Maryland				
3.	NAME OF DECEASED	First	Middle	Last	4. DATE Month				
	(Type or print)	MARY		DANIEL	DEATH OCTO	ber 16, 19 61			
5.	SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years				
	emale		DOWED DIVORCED	March 15,	1873 88 yrs.	Months Days Hours Min.			
10 de	e. USUAL OCCUP	ATION (Give kind of work working life, even if retired)	Ob. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Ste	ete or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
	None		House	Maryla	Maryland U.				
13	. FATHER'S NAME			14. MOTHER'S MAIDE	EN NAME				
	Fr	anklin Lewis		Unk	nown				
		EVER IN U.S. ARMED FORCES? (Ifyesgivewarordetasofservice	16. SOCIAL SECURITY NO. 17		Address				
, i	No	None	None M	rs. Edw. S	taab 855 Loal	lan Ave. 22, Md.			
	18. CAUSE OF	P DEATH [Enler only one cause	per line for (a), (b), and (c).)	7.	*	INTERVAL BETWEEN			
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	T-0-C-12	Diseis	e	ONSET AND DEATH			
	422	DUE TO	1 17						
	Conditions, if a	11.1.5	Demuly						
	geve rise to imm	ediete cause							
		(e), stefing the undarlying DUE TO							
7		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY							
일	PARI II. OII	TER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT I	OI KELATED TO THE TEK	MINAL DISEASE CONDITION GIA	PERFORMEN?			
5			Ann	2		YES NO			
CERTIFICATION	PRIMARY or	20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURBO. Lenter nature of injury in Part Lor Part II of Ham 18.) CAUSE OF DEATH.							
						(County) (State)			
						(
	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion								
	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner								
10	CHIEF MEDICAL EXAMINER								
	ACTUAL	ACTUAL ACSISTANT MEDICAL EVAMINED TO							
	SIGNATURE	1101	7 00 0	M.D.	CAL EXAMINER	191-11			
	EXAMINER'S NAME (Type)	Melvin B. I	Davis, M.D.		t, city, town, or county)	10/16/			
228		TION, 226. DATE THEREOF	22c. NAME OF CEMETERY		22d. LOCATION (City, town,	or country) (State)			
_	REMOVAL ISPOC	10-19-196			Stevensville	, Maryland			
23	. FUNERAL DIRECT	TOR	ADDRESS	24e. R	EC'D BY REGISTRAR 24b. REGI	STRAR'S SIGNATURE			
La	ine Fune	ral Home Chu	rch Hill, Md	DATE	CT 2 0 '61				
-			1191		Chris	and S. Mans			

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PRESTON STREET, BALTIMORE 1, MARYLAND

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TO RECEIPTED OR ATTENDING PHYSICIAN: The law requires that the death certificate be exceeded within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
11051
CERTIFICATE OF DEATH
11051

1.	PLACE OF DEATH		1	2. USUAL RESIDEN	CE (Where dece			ce before e	dmission)	
/	Baltimore Maryland			Maryland Baltimore						
	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. LENGTI	H OF STAY IN 16	c. CITY OR TOWN (If outside corpore			neerest tow	n)	
	Timonium	5	years	Timon	ium					
	d. NAME OF HOSPITAL OR INSTITUTION (if no	ot in hospitel, give st						SIDENCE A FARM?		
	(at his residence1824 Vista Lane 1824 Vista					Lane. YES NO				
3.	NAME OF First DECEASED	1	Middle	Last	4. DATE OF	Month	Dey	Year		
	(Type or print) William	Crawford DEATH October				19	- de			
5	SEX 6. COLOR OR RACE 7.	MARRIED X NEVER	MARRIED B.	DATE OF BIRTH		AGE (In years last birthdey)	IF UNDER 1 YEAR	IF UNDER		
	Male White v	VIDOWED	DIVORCED .	July-1-1898		63 yrs.	Months Deys	Hours	MIn.	
	a. USUAL OCCUPATION (Give kind of work	10b. KIND OF BUS		11. BIRTHPLACE (Cour	nty & State, or for		12. CITIZEN O	F WHAT C	OUNTRY?	
l °	one during most of working life, even if retired) Retired	Paper Ca	on a	Poltimono	Ma		TT	C		
13	B. FATHER'S NAME	Tabel C	alis	Baltimore 14. MOTHER'S MAIDEN				S.		
V	CTIMEON THE CO	AMMADA								
1	CLINTON LEE CR. WAS DECEASED EVER IN U.S. ARMED FORCES		CURITY NO. 1.17 TO	MINNIE M.	McMacki	Address				
0	es, no, or unkown) (Ifyesgive werordetes of servi	ice)		0112-1211-1						
-	no no	1215-05-	and the last of th	s Edith G. C	rawford	(wife)	1824 Vi	ta L	ane.	
	18. CAUSE OF DEATH [Enter only one ce	us per line for (e), (b), end (c).}	unle Care	00			ERVAL BET		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	ruccuco!	wer,	apaysea	ec		2	400		
17	502 DUE TO	A. A. A. A.	. 1,	. O. A			1	1 4 .		
1	Conditions, if any, which \ (b) Carolle Ord Wellely						5	years		
	geve rise to immediate cause	geve rise to immediate ceuse								
	(e), steting the underlying couse lest.									
z	(6)	NS CONTRIBUTING	TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CO	ONDITION GIV	EN IN PART 1(e) 1	9. WAS A	UTOPSY	
18									RMED?	
FIC	20e. ACCIDENT WAS UNDERLYING 2	OL DESCRIBE HOW	INTURY OCCURED.	(Enter neture of injury in	Pert I or Pert II o	f item 18.)			NO (XI)	
CERTIFICATION		oo. Describe 110 11					3			
MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. 19	While Not W	hile fecto	CE OF INJURY (Home, farr bry, street, office bldg., etc		r town)	(County)		(Stete)	
1		attended the	Jacobson Stram	UNI.	19 60 10)(1) . 2°	10/1	hat (1) (tact (awa	
	21. I certify that (I) (This hospital) attended the deceased from 1900, to 1900, to 1900, that (I) (see) last saw the deceased alive on 1900, and that death occurred at 1900, from the causes and on the date stated above.									
	220 STENATURE alle 7. 7	niti	м.	married III a	MED. DIRECTOR	STAFF PHYS.		10	DATE OF STATE	
	22c. PHYSICIAN'S WILLIAM	F. FRIT	V MD.	22d. ADDRESS	uver	sete R	elleva	5		
2	30. BURIAL, CREMATION, 23b. DATE THERECOREMOVAL (Specify) Durial Oct-25-	C- !	eenMount	OR CREMATORY		ON (City, to)	re City 2		ete)	
2	FUNERAL DIRECTOR'S SIGNATURE		DRESS	25e. RE			SISTRAR'S SIGNA			
1	Stewart & Mowen Co. 10	g_W_North	-ATT Ralto	1 Md DATEOC	T 2 4 '61	an	Chur S. Krau	4		

CERTIFICATE OF DEATH 11062 Reg. Dist. No. il director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Baltimore MARYLAND the funeral should be fi b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Rural: Towson d. NAME OF HOSPITAL (If not in hospitol, give street oddress)
OR INSTITUTION Eudowood Sanatorium d. STREET ADDRESS e. IS RESIDENCE 3120 WISCONSIN AVE ON A FARM? YES NO 2 NAME OF 4. DATE OF DEATH Yeor DECEASED (Type or print) 196 rban papers. Pag 6. COLON OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost busthday) Months Doys Hours DIVORCED | WIDOWED 1 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign county) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) TOU) EWIPE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dates of service) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ULMONARY TUBERCULOSIE PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. burial-transit peen PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? SCLEROTIE YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Day, Year (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. Not while of work of work p. m. detached far 21. I certify that I attended the deceased fram that last saw the deceased and that death accurred at Li Sam, from the causes and an the date stated above. alive an DIRECTOR: ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) pode (Stote) REMOVAL (Specify) Greenville. Ala. Removal 0 23. FUNERAL DIBECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE OCT 3 1 '61 15M 10/57

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requires that the death certificate

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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TO IT POTATE OR ATTENDING PHYSICIAN: The law requires that the death certificate be exercised within 24 hours after a death. Page 4 may be retained by the hospital or attending physician. S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or remover, and any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11063 CERTIFICATE OF DEATH

. COUNTY BOLTIMOR & MARYLAND	
MARILAND	B. STATE MERY land b. COUNTY Beltimps
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	CITY OR TOWN (If outside corporate limits write RURAL and give nearest town)
Rural - Rustale be 60 years	Rural - Rosedale. X
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS ON A FARM?
8346 Old The leadelphia Rd.	8346 Old Philadelphia Rol YES NO EL
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) JOHN Thomas	Davis DEATH 10 12 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. Josephirthday Months Days Hours Min.
Male white widowed Divorced	Jct. 18, 1877 82 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY?
Farmer Inuck Farm.	Mary land USA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Flisha. Pauls	Annie Mc Quilley.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyesgive werordetes of service)	INFORMANT Address
no - 218-09-5492 W	lary Hynrs Chishelm 8346 Old. Phileclephia Ke
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (B) COLONARY	Occlusion Suddles
420.1 DUE TO A	4: 0 13 1 1: 2
Conditions, if any, which \ (balleriosellerot	ie Carella Vascular disease 3 yes
gave rise to immediate cause	
(a) stating the underlying > DUE TO	
(a), steling the underlying ceuse lest. (c)	
ceuse lest. (c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
ceuse lest. (c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
ceuse lest. (c)	PERFORMED?
couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED? YES NO .
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO DEA	PERFORMED? YES NO D. (Entar nature of injury in Part I or Part II of item 18.) ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
Column C	PERFORMED? YES NO D. (Entar nature of injury In Part I or Part II of item 18.)
Column C	PERFORMED? YES NO D. (Entar nature of injury In Part I or Part II of item 18.) ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
Column C	PERFORMED? YES NO D. (Entar nature of injury In Part I or Part II of item 18.) ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
Course lest. Co	PERFORMED? YES NO D. (Entar nature of injury in Part I or Part II of item 18.) ACE OF INJURY (Home, farm, latery, street, office bldg., etc.) 19
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year Hour e.m. 19 at work 1 at work 21. 1 certify that (I) (this hospita) attended the deceased from saw the deceased alive on 19 at work 19 and that 22a. SIGN 10 the same transfer of the same trans	PERFORMED? YES NO D. (Entar nature of injury In Part I or Part II of item 18.) ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) County, street, office bldg., etc.) ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
Course lest. Cc	PERFORMED? YES NO D. (Entar nature of injury In Part I or Part II of item 18.) ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) County, street, office bldg., etc.) ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
Course lest. Cc	PERFORMED? YES NO D. (Entar nature of injury In Part I or Part II of item 18.) ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) County, street, office bldg., etc.) ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
Zob. Accident Was underlying 20b. Describe How injury occurs of Contributing 20c. Time of Injury 20c. Time	PERFORMED? YES NO D. (Entar nature of injury In Part I or Part II of item 18.) ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) County, street, office bldg., etc.) 2Df. (City or town) (County) (State) ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) County (State) ATENDING MED. ATENDING MED. DIRECTOR STAFF 10/12/6/SIGNED ATTENDING PHYS. DIRECTOR STAFF 10/12/6/SIGNED
TO Select the course lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year Hour e.m. 19 21. Certify that (I) (this hospita) attended the deceased from saw the deceased alive on 19. 19. 1., and that 22a. SIGNIFICATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	PERFORMED? YES NO D. (Entar nature of injury In Part I or Part II of item 18.) ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) County, street, office bldg., etc.) 2Df. (City or town) (County) (State) The county of the causes and on the date stated above. ATTENDING MED. DIRECTOR STAFF 10/12/6 SIGNED 22d 3DRESS 6 MLD. 22d 3DRESS 6 MLD.
Column Course Column Course Column C	PERFORMED? YES NO D. (Entar nature of injury In Part I or Part II of item 18.) ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) County, street, office bldg., etc.) 2Df. (City or town) (County) (State) The county of the causes and on the date stated above. ATTENDING MED. DIRECTOR STAFF 10/12/6 SIGNED 22d 3DRESS 6 MLD. 22d 3DRESS 6 MLD.

88011 Experience of the service of the ser Russle Koselle Comes Kurst- Korelle 8396 Old Parkipping Rol 8396 Old Parkipping Ref Thomas David Remont What X stole stole Francis Truck From Mayland 284 Elisha Prois Service Mediate Mc Calley No - 318-01-5492 Mary Same Chisholm 8346 OH Milelism Rel and Contract of the Contract o and never the Barbary with the Louis Breek Butter 10-16-16 Sin Lathery Chief & Bollinger C. Marylone Party E Colot 1411 Chares Tour . 2 with a south of a gift of

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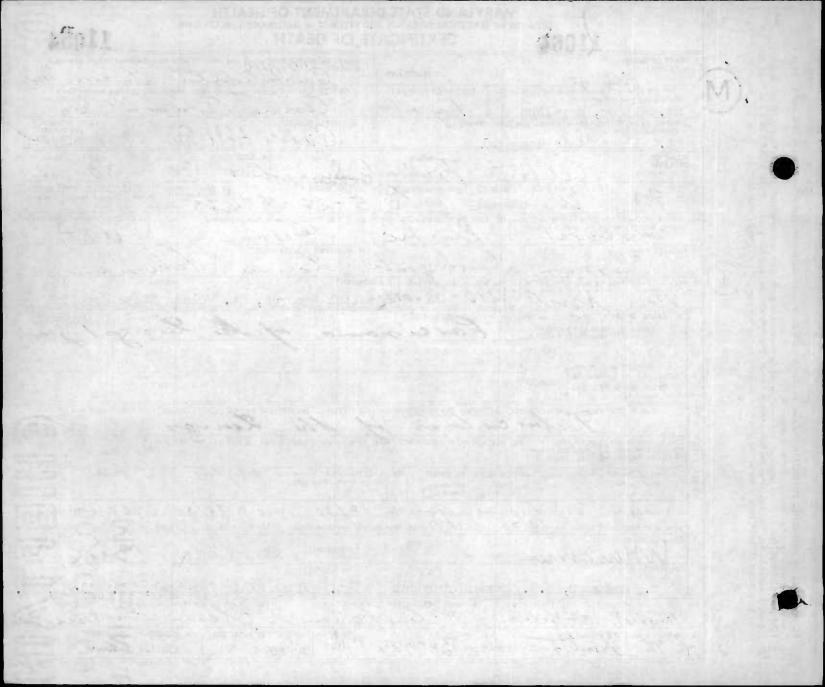
MARYLAN	ND ST	ATE DE	PARTMEN	NT OF	HEALTH	4
						-

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

11064 CERTIFICATE OF DEATH

11054

	1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where depended lived. If institution: Residence before admission) o. STATE
-	Baltimore	MARYLAND	Quatefield Rd Jovem, Md.
VI	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If potside corporate limits, write RURAL and give nearest town)
-	Mt. Wilson, Maryland	/ nyca-	Unne Urundel 60
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	idress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
à l	Mt. Wilson State Hospital		Quartertiela M, Wes NOB
	3. NAME OF DECEASED (Type or print) Albert	Frederic	Leichard DEATH 10 30 1961
	5. SEX 6. COLOR OR RACE 7. MARRIE WIDOWED		8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 5-26-18-76 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. Kind during most of working life, even if retired)	Plas her	TRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	rich areli	14. MOTHER'S MAIDEN NAME Schools Charles Char
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC	OCIAL SECURITY NO. 17. IN	FORMANT Address
	(Yes, no, or unknown) If yes, give war or dates of service) 2	6-03-0022	spital Records. Mt. Wilson State Hospital
	18. CAUSE OF DEATH [Enter only one couse per line		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	bar cin	oma of the Lein Col was
	DUE TO		
29	Conditions, if ony, which)		
	gove rise to immediate		
	couse (o), stoting the under-		
	PANT II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUJING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	I Tre less cue	los is c	The Lengs OOLX YES NO
1	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Port II of item 18.)
	2	for	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	Hour o. m. p. m. 19 While of work	INDI WILLE	fory, sited, office blog., etc.)
	21. I certify that (I) (this haspital) attende	d the deceased fram	10/3/ 1960, to 10/30 1961, that (1) (we) last
	4 . /		eath accurred at M, from the causes and an the date stated above.
1	22o. SIGNATURE		22b. DATE
	Murcomer		M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D
	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS
		erintendent	Mt. Wilson State Hospital, Mt. Wilson, Md.
0	23a. BURIAL, CREMATION, 23b. DATE THEREOF, REMOVAL (Specify) 3 10 Nov. 61	23c. NAME OF CEMETERY O	R CREMATORY 23d. LOCATION (City, town, or county) (Stole)
1	24. FUNERAL DIRECTORS SIGNATURE	ADDRESS	MA 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	1.1. Dungloom 616	(2) Man (1)	DATE NOV 6 '61 arthur S. Kraus



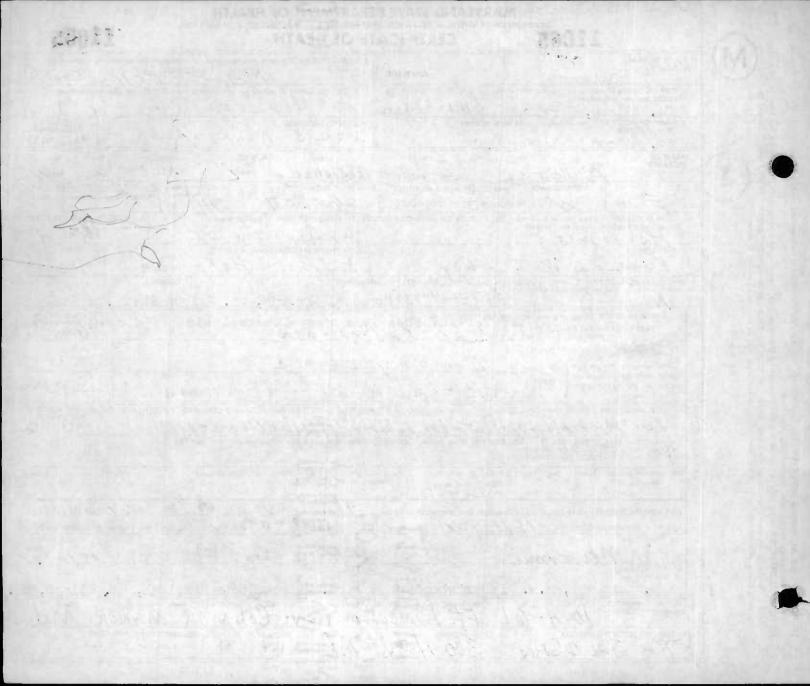
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Item	18	Film	309	3-22 MARYLAND STATE DEPARTMENT OF HEAL	TH
			- 4	DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1,	MARYLAND

11065 CERTIFICATE OF DEATH

11055

	1. PL	LACE OF DEATH COUNTY			2. USUAL RESIDENCE (Where	deceased lived. If institution b. COUNTY	n: Residence before	e admission)
	٠.	Baltimore		MARYLAND		1d	Prince	George.
	Ь.	CITY OR TOWN (If outside corporat RURAL and give nearest town)	e limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	le corporate limits, write RU	JRAL and give near	rest town)
		Mt. Wilson, Mary	land	5 mo . 2/days	Hyd	ttsvill	11	(51-2
	d.	NAME OF HOSPITAL (If not in hospi	tol, give street	oddress)	d. STREET ADDRESS			B. IS RESIDENCE ON A FARM?
9	1	Mt. Wilson State	Hospi	tal	2025 1	OZNOKe -	ST.	YES NO
	3. N	AME OF ECEASED	First	Middle	Last 4.	DATE Mont	th Day	Year
1	(T	ype ar print) . Mild	red	Libbe	r Delehenty	DEATH / E	2	- 196/
A	S. SE	X 6. COLOR OR R	ACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR	
		FW	WIDOW	/ED DIVORCED	2/2//07	5°4 yrs.	Months Doys	Haurs Min.
	10a.	USUAL OCCUPATION (Give kind of a during most of warking life, even if g	work done 10b.	. KIND OF BUSINESS OR IND	JSTRY 11. BIRTHPLACE (State or fo	areign country)	12. CITIZEN OF	WHAT COUNTRY?
		Housewit			Washingt	OU D.C.		4.5.4.
	13. F	ATHER'S NAME	/ .	/	14. MOTHER'S MAIDEN NAME	E	Maria III	
		Edwardh	. Li	bber	EditH	Hoffma	- 4	
	IS. V	VAS DECEASED EVER IN U. S. ARMED			NFORMANT	Addr	ess	
	1.00	1/8	5	77-10-4983 H	ospital Records,	Mt. Wilson	State Ho	spital
-	1	18. CAUSE OF DEATH [Enter only of	ne couse per l	ine for (o), (b), and (c).	Pulmonary Tube		/a INTE	RVAL BETWEEN ET AND DEATH
		PART 1. DEATH WAS CAUSED IMMEDIATE CAU	BT:	Cor Pui	mona/e	TCUIDOIS	(IO MONS	4 mo.
		0001.	JE TO			O HELD THE		
		Conditions, if any, which)	46)(C)	Emphi	rsema			?
		gove rise to immediate (couse (o), stoting the under-	JE/TØ	2	1 . 2 1	/ /		2016
		lying couse lost.	Part I	I/3 ronc	hid/ A-	sthma		20513
	NO	PART II. OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIV	EN IN PART 1(0) 15	9. WAS AUTOPSY PERFORMED?
1	₹ I	1FAY1A14K1+14	14 K/K/	11PM/MIChlohla	16/4/1/1/14/18/e/4	1414 11019 1151	/	YES NO
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING ☐ CAUSE OF DI	20b. DES	SCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in Part	I or Part II of item 1B.)	5 6 6	
1		IF EITHER, NOTIFY MEDICAL EXAMIN	VER)					
	MEDICAL	20c. TIME OF INJURY Month, Day Hour o. m.			LACE OF INJURY (Home, form, 2 octory, street, office bldg., etc.)	Of. (City or town)	(County)	(Stote)
	WED	p. m.	19 While	sign while				
		21. I certify that (I) (this has	pital) atten	ded the deceased fram	4/11 1961	, to 18/2	196e_/, the	at (I) (we) last
1		saw the deceased alive an	1111		death accurred atM,	fram the causes and	d an the date	stated abave.
		22a. SIGNATURE						22b. DATE SIGNED
		Mewon	mu.		M.D. PHYS. MED. DIRECT	FOR PHYS.	/	0/2/6/
		22c. PHYSICIAN'S NAME (Type)			22d. ADDRESS		O'COLOR	
П		Wm. Newcomer. M	D. Si	uperintendent	Mt. Wilson	State Hospit	al Mt. I	Wilson Mo
		BURIAL, GREMATION, 236. DATE TO	EREOF,	23c. NAME OF CEMETERY		LOCATION (City, tawn, a		(Stote)
		REMOVAL (Specify) 10-H	-61	I-T. LINE	hall Cent C	ON NIOR 1	MANOR	Na.
	24.F	UNERAL DIRECTOR'S SIGNATURE		ADDRESS / H	1 0 2Sa. REC'D BY		TRAR'S SIGNATUR	
	K	Ilm del 45	tus	300 Hun	TIGO DATE OCT	4 '61 a	Mus S. Krau	A.A.
- 1								



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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 11066

(N)	Baltimore	MARYLAND	o. STATE Maryland		COUNTY Ann	e Arunde
	b. CITY OR TOWN (If outside corporate limits, write c. RURAL and give nearest town) Catonsville	LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou Linthichum		ts, write RURAL and give	nearest tawn)
9	d. NAME OF HOSPITAL (If nat in hospitol, give street add OR INSTITUTION House in The Pines	ress)	d. STREET ADDRESS 300 Eva	Avenue		e. IS RESIDENCE ON A FARM? YES NO
I)	3. NAME OF DECEASED (Type or print)	Middle	Dlat.	4. DATE OF DEATH	cloker	Day Year 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWEDS		B. DATE OF BIRTH April 27, 18	lost	1-14 1-14	YEÀR IF UNDER 24 HRS. Dys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during mast af warking life, even if retired) Housewife	ID OF BUSINESS OR INDUS		r fareign country)	12. CITIZE	USA
	13. FATHER'S NAME Martin Lichtenstein		14. MOTHER'S MAIDEN NA Unknown	AME		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		FORMANT . George Desi-	300 Eva	Address Avenue	
	1B. CAUSE OF DEATH [Enter only one couse per line f PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Decompens	ation		INTERVAL BETWEEN ONSET AND DEATH
	gave rise ta immediate cause (a), stating the <u>under</u> .	tereselvete	Cardio Vasa	enter De	SLARK	1037'
0	PART II. OTHER SIGNIFICANT CONDITIONS CON PROPERTY OF THE SIGNIFICANT CONDITIONS CONDITIONS CON PROPERTY OF THE SIGNIFICANT CONDITIONS CONDIT	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE COND	ITION GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	20c. TIME OF INJURY Manth, Doy, Year Hour o. m. P. m. 19 20d. INJURY OCCURRED While Nat while at work of wo					
	21. I certify that (I) (this haspital) attended the deceased fram					
-1	Welman K. Jallager		ATTENDING MET	D STAF		22b. DATE SIGNED
	22c. PHYSICIAN'S NAME TYPE X. Gallay	er M.D.	6209 Frake	rich ave	Balt. 28	ml.
Remo	REMOVAL (Specify)	3c. NAME OF CEMETERY O Riverside	R CREMATORY	New 4	ity, tawn, or caunty)	(Stote)
	24. FUNERAL DIRECTOR'S SIGNATURE Sol. Levinson & Bros. Inc. (ADDRESS 6010 Reist Ro	C)	BY REGISTRAR CT 23 '61	25b. REGISTRAR'S SIGN	

	CONTRACTOR OF THE MANAGED BY	Carry and Land Control of Control	
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	statem and there is		
		Ushar annu saina	
	75 and 1 av. 1 av 75	min is so our lait is	Tara III
		granity in all at	
	Shared and Ole - hard a loss of		
	in the same of the first		
	said the second of		
		William S. Salady C. C.	
		A LOUIS CONTRACTOR OF THE SECOND OF THE SECO	
		retal little periodelle et a partie	D. 552

haurs ofter death. Page 4

3AL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND

11057

11067 CERTIF	ICAIE OF DEATH
1. PLACE OF DEATH o. COUNTY Baltimore MARY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Waryland b. COUNTY
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) Raltimore 3 V / 1 ~ 4
d. NAME OF HOSPITAL (If not in hospitel, give street oddress) OR INSTITUTION Bent Nursing Home 800 Main Street	d. STREET ADDRESS 3311 Chestnut Avenue o. IS RESIDENCE ON A FARM? YES \(\sigma \text{ NO } \square
3. NAME OF DECEASED (Type or print) Leonard J. Dorsey	Last 4. DATE Month Day Year Of DEATH October 11 1961
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRI	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR: last birthday) Months Days Haurs Min.
Male White WIDOWED DIVORCE 10a. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired) House Insulation	P□ April 7, 1890 71 yrs.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John W. Dorsey	Josephine D. Jardine
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes, give war or dates of service) 212-07-4263	I. P. Almony 924 Lindellen Ave., Reisterst
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (o), stoting the under-lying couse last. (c)	in Heart Frailure 2 month
CATIC	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO E
	CCURRED. (Enter nature of injury in Part I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Nat while at wark at work	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (City ar tawn) (Caunty) (State
21. I certify that (I) (this haspital) attended the deceased saw the deceased alive on a large II 19 e. I. and 22a-SIGNATURE 22c. PHYSICIAN'S NAME (Type) Clarence E. McWilliams	from Dept 30 19 of to October 11, 19 of that (I) (we) los that death accurred of 27M, from the causes and on the date stoted above 22b. DATE SIGNE PHYS. 22b. DATE SIGNE 22d. ADDRESS ALLE STAFF PHYS. 22d. ADDRESS ALLE STAFF PHYS.
REMOVAL (Specify)	ETERY OR CREMATORY 23d. LOCATION (City, 19mn, or county) Park Mausoleum 25d. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Burgee Funeral Home 3631 Falls 1	Road DATE DATE 13'61 Orthur S. Thomas
Howe T. Vourge Baltime	ore

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ond campletely filted page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 the State Board at Health priar to burial, crematian, or remaval, and in any event, within 72 haurs after death. TO HO VR A1S (4) 1SM 9/S9

AND STREET LOT

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TOUSON SO TEN C

AY CROIL OF MARKET X STANK 7, 1093

Brown Lat. Call

Tunitivest . Tunitivesell

town ... leading COR- 7-1203 - 1. P. Macory 92. Lindalian ave., Billat rates

Large a Constant

And breit and the long of the state of the decision of the dec

The total local and the sugar

e. IS RESIDENCE ON A FARM?

YES NO

INTERVAL BETWEEN ONSET AND DEATH

6 mos

PERFORMED? YES NO

(Stote)

24b. REGISTRAR'S SIGNATURE

arthur S. Thous

24a. REC'D BY REGISTRAR

DATE

(Stote)

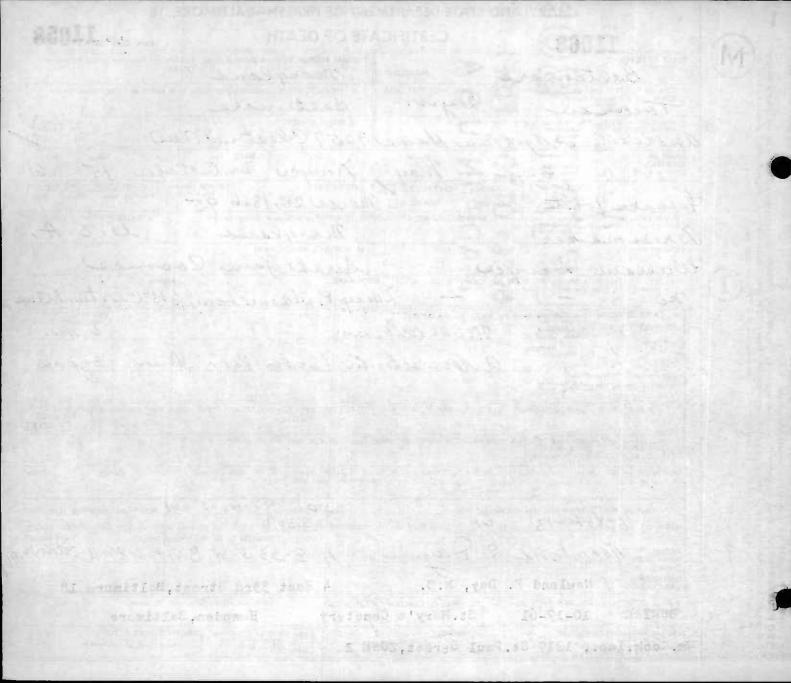
19 61

FUNERAL DIRECTOR: page 10 1SM 9/SB

VS A15 (4)

23. FUNERAL DIRECTOR'S SIGNATURE

Wm. Cook, Inc., 1217 St. Paul Street. ZONE 2



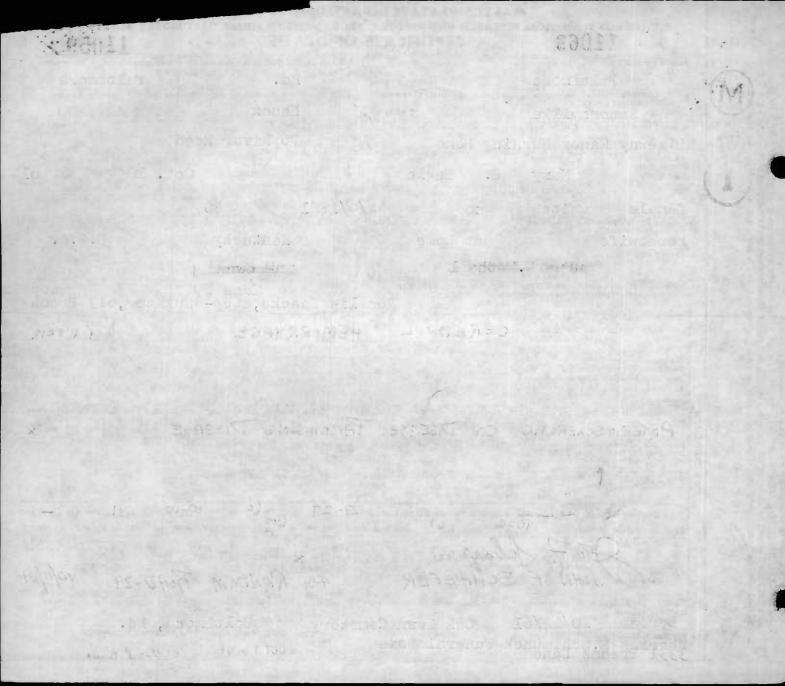
TO H. PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compressly filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after permit.

MARYLAND STATE DEPARTMENT

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARTE 11069 CERTIFICATE OF DEATH 11059

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission)
Baltimore MARYLAND	Baltimore Baltimore
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearast fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Catonsville	Essex
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Ridgeway Manor Nursing Home	76 River Road ON A FARM? YES □ NO □
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
(Type or print) Mary E. Eagle	DEATH OCt. 10 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Ast birthday) Months Days Hours Min.
female white widowed DIVORCED 1	4/9/1881 80 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Giva kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
housewife at home	Kentucky U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Rufus N.WAthall	unknown n
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	INFORMANT Zone 29 ^{Address} Wood
(Yes, no, or unkown) (Ifyasgive war or dates of service)	salie Baacke, step-daughter, 613 Brook
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: CEREBRAL	HEMORRHAGE ONSET AND DEATH
331X DUE TO	
gave rise to immediate cause	
(a), stating the underlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
HRTERIOSCHEROTIC CV DISEASE.	TARKINGONG VISEASE. YES NO W
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO PRICE OF THE CONTRIBUTION OF THE	t. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata)
Hour s.m.	tory, street, office bldg., etc.)
	C 02 (0 10 in (1
21. I certify that (I) (this bospital) attended the deceased from	5-27 1960, to 10-10 1961., that (I) (we) last
saw the deceased alive on 10-6 1961, and that	death occured at
22a. SIGNATURE	ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S JOHN F. SCHAEFER	22d. ADDRESS RANDOM ROAD-29 10/11/61
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 10/12/61 Oak Lawn Ce	emetery Baltimore, Md.
A FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Charles E. Schimunek Funeral Home	DATE OCT 13 '61 Colling & Kang



hours after death.

death certificate

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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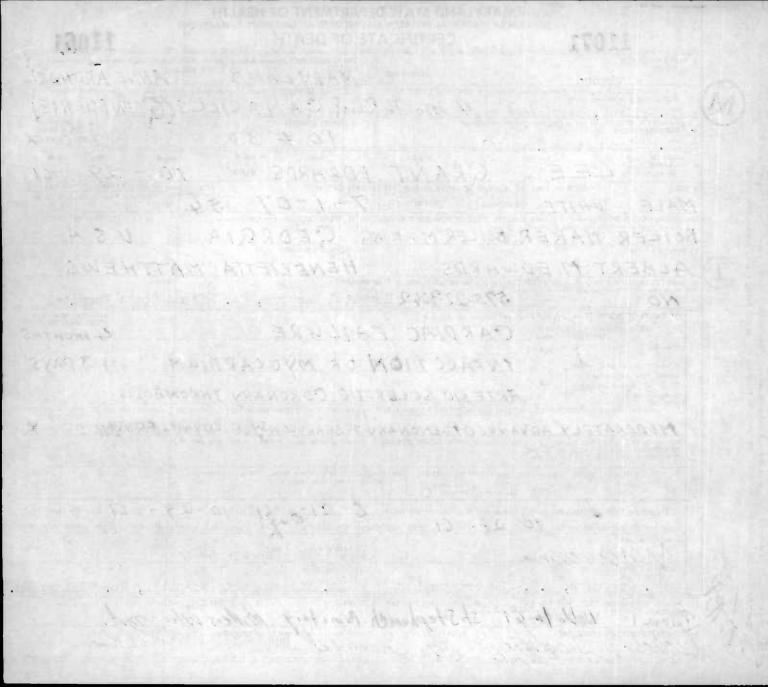
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hours after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

	11071	CERTIFICA	TE OF DEATH	11061
	PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceased lived. o. STATE b.	If institution: Residence befare admission)
	Baltimore	MARYLAND	MARYLAND	ANNE ARUNDEL
	 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limi	its, write RURAL and give nearest town)
	Mt. Wilson, Maryland	4 Months	Carat GAMBRILL	-SIGZENBURNIE]
	 d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION 	t oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	Mt. Wilson State Hospit	ol	F.O. # 33	A YES NO M
	NAME OF DECEASED (Type or print) LEE	GRANT	EDWARDS 4. DATE OF DEATH	Month Day Year 10 - 29 1961
5.	SEX 6. COLOR OR RACE 7. MAR	RRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE	(In years IF UNDER 1 YEAR IF UNDER 24 HRS.
1	JALE WHITE WIDOV	VED DIVORCED	1-1-01 54	yrs.
100	USUAL OCCUPATION (Give kind of work done lob during mast of warking life, even if retired)	OILER MAKI	STRY 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
/	ALBERT MEDW,	ARDS	HENERIETTA I	MATTHEWS
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 s, no, or unknown) 1 (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17. II	NFORMANT	Address
	NO S	75-22-3042 Ho	spital Records, Mt. Wi	lson State Hospital
	18. CAUSE OF DEATH [Enter, only one couse per	line far (a), (b), ond (c).]		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ARDIAC F	ALLURE	C+ MONTHS
	DUE TO		The second second	
	Conditions, if ony, which) (b)	VFARCTION	OF MYOCARDI	UM & 3 DAYS.
	gave rise to immediate DUE TO			
_	lying cause lost. (c) AR			ROMBOSIS
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE COND	PERFORMED?
S	MODERATELY ADVAN			
ERTIF	OR CONTRIBUTING [7] CAUSE OF DEATH]	SCRIBE HOW INJURY OCCURRE	6. (Enter nature af injury in Part I or Port II of ite	em 18.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)			0000
MEDICAL	Haur a.m. While	t-	ACE OF INJURY (Home, form, 20f. (City or town ctary, street, office bldg., etc.)	(County) (State)
ME	p. m. 19 of wo	ork ot work		
	21. I certify that # (this haspital) atten			29-, 1961, that (#) (we) last
	saw the deceased alive an 10-2	# - 1961, and that a	leath accurred atM, fram the co	ouses and an the date stated above.
	22o. SIGNATURE		ATTENDING MED STAF	22b. DATE SIGNED
	22c. PHYSICIAN'S		M.D. PHYS. DIRECTOR PHYS 22d. ADDRESS	5. 🗆
	NAME (Type)			
	Wm. Newcomer, M.D.			ospital, Mt. Wilson, M
230	D. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	1 1 1 1 1	ity, town, or caunty) (State)
-	KUPIS NODA BET WIT	JAJTEPHENC	h. Cometery Millers	uller mar
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS!	LALV. KER NOV T '61	25b. REGISTRAR'S SIGNATURE
1	www. [. xweey Bill	11. XILLAKE	DATE	



TO SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be excited within 24 hours after the death certificate by the hospital or attending physician.

\$ > TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

. Ph.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11072 CERTIFICATE OF DEATH 11062

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceesed lived, If Institution: Residence before edmission)
Baltimore MARYLAND	o. STATE b. COUNTY —
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerestatown)
write RURAL end give neerest town)	7151-4
Fort Howard 31 days d. NAME OF HOSPITAL OR INSTITUTION (if not In, hospitel, give street eddress)	d. STREET ADDRESS
2	ON A FARM?
Veterans Administration Hospital	126 E. Eager Street - 2 YES NO X
3. NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Yeer OF
(Type or print) ROBERT L.	EDWARDS DEATH October 14 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF SIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Days Hours Min
37.3	Tay 1, 1919 lest birthdey) Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) Laborer Construction	Dinala Mina
13. FATHER'S NAME	Pinola, Miss. U.S.A.
John D. Edwards 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Rose Thompson
(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	INFORMANTClinical Records, VA Hospital
Yes WW-11 213-28-2676 Bal	timore 18. Maryland-FORT HOWARD DIVISION
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EDEMA	2 WEEKS
442X DUE TO	
	DIOVASCULAR DISEASE UNKNOWN
geve rise to immediate cause	DIOVASCOLAR DIDIADE
(e), steting the underlying DUE TO	
ceuse lest. (c)	CONTRACTOR TO THE TERMINAL DISEASE COMPITION CIVEN IN DART 1/-), 10. WAS ALTORSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
3 LAENNEC'S CIRRHOSIS	YES NO •
IAENNEC'S CIRRHOSIS 208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Pert I or Pert II of item 18.)
	ACE OF INJURY (Home, ferm, † 20f. (City or town) (County) (State)
	ctory, street, office bldg., etc.)
21. I certify that (this hospital) attended the deceased from	Sept. 13. 1961, toOct
	t death occured at
22e. SIGNATURE	22b. DATE
Repeal Too	ATTENDING MED. STAFF PHYS. DIRECTOR N PHYS. 10-15-61
22c. PHYSICIAN'S	22d. ADDRESS VAH, Baltimore 18, Maryland
NAME (Type) RALPH N. LEE M.D.	FORT HOWARD DIVISION
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	A CALL ALLOW TO A CAMPAGE OF CALL
Burial 10-16-6/ Baltimore Na	tional Cemetery Baltimore Maryland
24 FUNERAL DIRECTOR'S SIGNATURE 1000 Frantle	OMOTION OF THE PROPERTY OF THE
Elroy O. Wilson Funeral Home Balto 17,	

Char. Service Manual Control of the Contro Constitution and a second of the second of t make as a second of the AVE of th delegation of the Brown and Company of the Company The state of the s les of the continue of the con MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Maryland State department of Health—Ealthore HTA30 TO STADINITIES

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11074

00	11174	
aft on one	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where dacaasad livad, If institution: Rasidanca before admission
2 2 d	a. COUNTY P	a. STATE A J b. COUNTY
5 5 CE 1	Baltimore MARYLAND	
by the dead	b. CITY OR TOWN (if outside corporata limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and giva nearast town)
by arr de	n 11-11	X p 11 11
hin 2 ges 1 affer	Perry Hall	Гети Пай
rithin filled in Pages	d. NAME OF BOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
3 443	Box 44 A Chapel Road	Box 44 to Chapel Road YES NO
dietely pers. 72 ho	3. NAME OF First Middla	Last 4. DATE Month Day Yaar
12 8 et	DECEASED	OF
E & C 1	(Typa or print) Anna Jane	Eller DEATH October 1 1961
nd com	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
5 P. P. P	1	lest birthday) Months Days Hours Min.
and carl	female white widowed of divorced	10-4-1902 58 yrs.
icate cian a ove ca event,	104. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
certifii hysici remov any e	dona during most of working lifa, avan if ratirad)	North Constitute 1150
hy ren	housewife and saleslady	North (arolina USA
0.0	13. FATHER'S NAME O	14. MOTHER'S MATDEN NAME
death ding pleas	Grade Marrall	Martha 7 Edwards
d de	15. WXS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	Martha J. Edwards Address
he he	(Yas, no, or unkown) (Ifyesgivawarordatasofsarvica)	
1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0	215346818	Joseph B. Eller 3712 Parkside Drive
古 - 年 : 1 9	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN
es cria by Dr. r	PART I. DEATH WAS CAUSED BY:	ercinomatosis 8 to 10
y sign	IMMEDIATE CAUSE (a) Generalized (arcinomatosis 8 to 10
ph ph gangaran	177X DUE TO	months
w ng rai	Conditions, if any, which \ (b) Abdominal Car	
la din	gave risa to immadiata cause	
The train of	(a), stating the underlying DUE TO	
L M M M M	causa last. (c)	
No of the	Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
to as as to		PERFORMED? YES NO A
ON CONTRACT OF CON	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 208. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	
Hosp hosp certil	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUP OR CONTRIBUTING CAUSE OF DEATH	RED. (Entar natura of injury in Part I or Part II of item 18.)
PH of the sic	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
13 > 1 0 0 0	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Homa, farm, † 20f. (City or town) (County) (State)
The Party of the P		actory, street, offica bldg., etc.)
De te	p.m. 19 at work at work	
D B S S S S S S S S S S S S S S S S S S	21 I continue that /// (this hospital) attended the deceased fro	n. Aug. 1
Ford	21. I certify that (i) (this hospital) aliended the deceased to	30
EC be		nat death occured at 8.3.M, from the causes and on the date stated above
St. St. St.	22a. SIGNATIORE	ATTENDING MED. STAFF 22b. DATE
O E O e	I lead & brews	M.D. PHYS. DIRECTOR PHYS.
AL ALL	22c. PHYSICIAN'S	22d. ADDRESS
TTAI Page 4 Page with t	NAME (Type) Theodore E. Evans, M. I	9660 Belair Rd. Balto 6, Md.
Page Page ector, pag filed with		
1	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (Stata)
0 - = 0	burial 10-3-61 Parkwood	Cemetery Baltimore, Md.
HH		258, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
VR A15 (4)	10001	
15M 9/60	Leonard J. Ruck 5305 Harford Rd.	DATE OCT 3 161 arthur S. Krous
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEPTIFICATE OF DEATH

11065

I.		11175	CERTITION	IL OI DI	AIII		25-00.9
4	1. F	LACE OF DEATH L COUNTY Baltimore	MARYLAND	2. USUAL RESID a. STATE	ENCE (Where deceased lived	. If institution: Res b. COUNTY P	idence befare admission)
	Ł	o. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TO	OWN (If autside carporate lin		
		Mt. Wilson, Maryland	20deys	4	Lahham		0 68 -7
	57	d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION Mt. Wilson State Hospit	,	6430		Ave	e. IS RESIDENCE ON A FARM? YES NO
)		NAME OF First Put h	Olive E	rics o	4. DATE OF DEATH	Manth 10	Day Year 9 19 6 /
	S. S	6. COLOR OR RACE 7. MARR WIDOWE		8. DATE OF BIRTH 2/23	3/1897 9. AG	E (In years IF UN high birthday) wrs.	DER 1 YEAR IF UNDER 24 HRS. hs Days Haurs Min.
	10a.	USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired) Translator 4.	KIND OF BUSINESS OR INDUS	/	CE (State or foreign country)	12.	CITIZEN OF WHAT COUNTRY?
	13.	Charles W. Eric	(6)	14. MOTHER'S	1.	n	
					elisa O.	Barn	22
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 16. (If yes, give war ar dates of service)	2	spital R	ecords, Mt. W	Address ilson Sta	ate Hospital
		18. CAUSE OF DEATH [Enter anly one cause per lin	/ / 7		6 ,	THE REAL	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	cute Pulv	nonary	Dedem.	4	11 km
		Canditions, if any, which) (b)	oronaru	the	-ombos	10	116
		gave rise to immediate cause (a), stating the under-	Jonary	<i>D</i> / ()	OMDUS	12	11 127.
		lying cause last. (c)					
	CATION	Far Advance	1 0.1	NOT RELATED TO	T. 1.	DITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFIC	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	D. (Enter nature af	injury in Part I ar Part II af	item 18.)	302X
1	MEDICAL	Haur a.m. While	Nat while at wark	ACE OF INJURY (History, street, affice	lame, farm, 20f. (City ar tax bldg., etc.)	wn)	(County) (State
		21. I certify that (I) (this hospital) attend					9_4/, that (1) (we) last
		saw the deceased olive on	19 <u>4</u> /, and that d	leath occurred	of M. fram the	causes and an	the date stated obave.
-		22a. SIGNATURE MUWEME		M.D. ATTENDING	MED. STA	AFF YS. []	Oct 9, 1961
1		22c. PHYSICIAN'S NAME (Type) Wm. Newcomer, M.D.	Superintendent	22d. ADDRE		ospital,	Mt. Wilson, Mo
		BURIAL, CREMATION, 23b. DATE THEREOF Oct 11, 1961	23c. NAME OF CEMETERY OF		0 0 000	City, lawn, ar caun Manor, M	ty) (State)
	24.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS ttsville, Md.		25a. RECID AY REGISTRAR DATE	25b. REGISTRAR'S	SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fitted in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages I and 2 should be fitted with the State Boord at Health priar to burial, cremation, or removal, and in any event, within 72 haurs after dearth.

PIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

hours after death. Page 4

TO HO VR A1S (4) 1SM 9/S9

THE REAL PROPERTY OF THE PARTY THE MENTS THE AND THE RESERVE OF THE PROPERTY OF THE PROPERT The same and the miller Ther it, 1904 or lincoln Com Lary . IN philystern east a seal of

MARYLAND STATE DEPARTMENT OF HEALTH ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) e. COUNTY b. COUNTY the MARYLAND by the b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town ed in bages 1 after Pages filled i d. NAME OF HOSPITAL IS RESIDENCE ON A FARM? YES NO 3. NAME OF DECEASED OF (Type or print) DEATH 19 carbon 5. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED lest birthdey) and Months Devs Hours WIDOWED physician 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? remove done during most of working life, even if retired) please .5 aftending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO. Then (Yes, no, or unkown) | (If yes give we ror detes of service emova the 1B. CAUSE OF DEATH [Enter only one couse per line for ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, If eny, which geve rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (Stete) Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. M.D. 22d. ADDRESS PHYSICIAN'S NAME (Type) director, 23d. LOCATION (City, 23a. BURIAL, CREMATION, 23b. 23c. NAME OF CEMETERY OR REMOVAL (Specify) OH 25e. REC'D BY REGISTRAR VR A15 (4) Onther S. Kraus 15M 9/60

A CONTE is here The BALTIMOREL WILLIAM STEEL CALON WOLF HAVE HAVE SHILL CAS FREDERICK RES CLEANER WASHINGTON STREET - 18-18 7 26 A CONTRACT (I) a Maximu Faren = a nome makery CONTRACTOR OF A STATE SALE AND INDICATED The state of the second section of the second section of the second section se Commence of the State of the St Charles A leaves and a second to the second ENTERL MOVER GIVE LEAVE CONTINUE SENSION SENSION THE STATE OF THE PROPERTY OF THE PARTY OF TH

15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11077 CERTIFICATE OF DEATH

11087

11011	14008
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission)
BALTO. MARYLAND	o. STATE MP. b. COUNTY
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)
write RUBAL and give neerest town)	BALTIMORE 3 VOI-G
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS a. IS RESIDENCE
ST. JOSEPHS NURSING HOME	4222 VERMONT AVE. YES NO
R. NAME OF DECEASED (Type or print) MARY AGNES FET	DERLINE DEATH OCT. 27 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED E WIDOWED DIVORCED	May 5, 1881 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	RY 11. PREVIPLACE Younty & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
JOHN MULCAHY	14. MOTHER'S MAIDEN NAME NOT KNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyesgivewerordetesofservice)	INFORMANT Address - 4 VV Vermontare.
18. CAUSE OF DEATH [Enter only one causa per ling for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (e)	¿ or secondada zmo.
2 / 0 5 DUE TO	
Conditions, if any, which (b)	
geve rise to immediate cause	
(a), stating the underlying couse lest.	
(6)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	ordiniversalar de line YES NO THE
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) ctory, street, office bldg., atc.)
21. I certify that (I) (this hospital) attended the deceased from.	
saw the deceased alive on	t death occured at
220. SIGNATURE LANCE A	ATTENDING MED. STAFF PHYS. TO 12916
22c. PHYSIQIAN'S NAME (Type) JAMES E. ROWE	1011 Frederick Rd #28
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 10 -3 c - 6 1 Calhedra	OR CREMATORY 23d. LOCATION (City, town or county) (State)
24 EUNERAL DIRECTOR'S SIGNATURE A TILL ADDRESS	PAR DATE NOV 6 361 256. REGISTRAR'S SIGNATURE CATHUR & Kraus

TIBLE TO MEMBER TO THE TANK OF 30 - 1 THE RESIDENCE OF THE PARTY OF T PERSON ARMED TEMALER EN LENGTH SERVICE STATE OF SERVICE AND SHOW SHAPE gotte that about the Sale of the second of the seco partie (2) September 2 of the company of the parties of the company of the compan 1011 Treeling 1 100 1 1001 Lance G. Mouse

within 24 hours after dear Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be exe

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL R	ESEAR			STREET,	BALTIMORE	1, MAR	YLAND		
11078		CERTIFICATE	OF DEATH				TT	;6	8
1. PLACE OF DEATH a. COUNTY Baltimore		MARYLAND	a. STATE	_	deceased lived, If i b. COUN		sidenca be	fore ed	dmission
b. CITY OR TOWN (if outside corporate limit:	5,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		orporata limits, writa	RURAL and	give neere	st towr	n)
write RURAL and give neerest town) Fort Howard		45 Days	Baltimor	re	31	101	- 4	1	CID EL LOP
Jd. NAME OF HOSPITAL OR INSTITUTION (III) Veterans Administration			d. STREET ADDRESS	venue				ON A	SIDENCE FARM?
3. NAME OF First DECEASED		Middle	Lest	4. DATE			Day	Year	
	ENCE		FITZGERALD	DEAT	TH Octobe	70	3	19	63
5. SEX 6. COLOR OR RACE	7. MARRIE	NEVER MARRIED K	B. DATE OF BIRTH		9. AGE (In yeers last birthday)	IF UNDER 1 Y		NDER :	24 HRS.
Male White	WIDOWE		Sept. 3, 189	5	66 yrs.	Months De	ys Ho	urs	Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired	1Db. KI	ND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (Coun	nty & State,	or foreign country)	12. CITIZ	EN OF WH	IAT CO	DUNTRY
Salesman		omobile	Albemarle C		rginia	U.	S.A.		
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME					
Michael Fitzgerald			Sarah Smi	th					
15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (Ifyesgivewerordatesofse	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address				
18. CAUSE OF DEATH [Enter only one PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DORMON	causa per l		in Rec VAH E	Saltim	ore Md F	t Howa	INTERVA ONSET	AND D	WEEN
Conditions, if eny, which (b)	CA	OF PANCREAS					Unkn	own	
(e), stelling the underlying									
cause lest. (c)_		LARY CIRRHOSIS					Unkn	own	
PART II. OTHER SIGNIFICANT CONDIT	ystit:	is				EN IN PART 1		PERFOR	UTOPSY RMED? NO
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURED). (Enter neture of injury In	Pert I or Per	t II of item 18.)				
20c. TIME OF INJURY Month, Dey, Yee Hour e.m.	While		ACE OF INJURY (Home, fern tory, street, office bldg., etc		City or town)	(Count	γ)	(:	State)
21. I certify that X) (this hospit	al) attend	ded the deceased from	lugust 29	1961., 1	.Oct 13	, 19.6	1, that	Q\$ (·	we) la:
saw the deceased alive onOc	t 13	19.61 and that	death occured at	P.M. fro	om the causes	and on th	e date s	tated	above
220. SIGNATURE CENTRUM TO	fai	ilk "	A.D. PHYS.	MED. DIRECTOR	STAFF PHYS.		10-	22b.	SIGNEI
22c. PHYSICIAN'S NAME (Type) ARTHUR T.	FAUL	K. M.D.	VAH Balti	more	18 Md Ft	Howard	Div:	isi	on
23e. BURIAL, CREMATION, 23b. DATE THER		23c. NAME OF CEMETERY	OR CREMATORY	23d. LC	CATION (City, tov	vn or county)		(Sta	ate)
Burial (Specify)	-61	Baltimore Na	tional	Bal	timore M	arylar	nd		

OH VR A15 (4) 15M 9/60

Burial 10-17-6/
24 FUNERAL DIRECTOR'S SIGNATURE Wm Cook-Blight Inc

Baltimore National 6009 Marford Rd Baltimore L Md

Baltimore Maryland 256. REGISTRAR'S SIGNATURE 25e. REC'D BY REGISTRAR

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TO SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be expected within 24 hours after on the state of the sta

MARYLAND	STATE DEPARTMEN	T OF HEALTH	, ,
DIVISION OF STATISTICAL RESEARCH A			RE 1, MARYLAN
11079 CE	RTIFICATE OF DEA	ATH	111

	1079	RESEARC	CERTIFICATE		STREET, BALTIMORE	1, MARYLAN	169
1. PLACE OF DEATH					CE (Where deceased livad, If in		perfore edmission)
Balti	more		MARYLAND	a. STATE	Tand	Υ	
b. CITY OR TOWN (if ou	utside corporete limit	ts,	c. LENGTH OF STAY IN 16		If outside corporate limits, write	RURAL end give near	rest town)
write RURAL and giv	e nearest town)		2 70	D-7 4-3			
d. NAME OF HOSPITAL	OR INSTITUTION (i	f not in hospi	3 Days	Baltimore d. STREET ADDRESS		l a	. IS RESIDENCE
					2	1/11/4/4	ON A FARM?
Veterans Adm	ministrati	Lon Ho		1010 Lamor	t Street Month	Dev	Yeer
DECEASED	FIRST		Middle	Last	OF		
(Type or print)	I Bo		6m0 fm1	FLEMING	DEATH October	8	19 61
5. SEX 6.	COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years I last birthday)		UNDER 24 HRS.
Male	Negro	WIDOWED	DIVORCED	January 8, 18		Monnis Days	iours Mills.
10a. USUAL OCCUPATION done during most of workin	(Give kind of work	10b. KIN	D OF BUSINESS OR INDUS		nty & State, or foreign country)	12. CITIZEN OF W	HAT COUNTRY
Laborer	g iiie, even ii reiire		ick Yard	Baltimore	Marryland	U.S.A	
13. FATHER'S NAME		274	2021 2020	14. MOTHER'S MAIDEN	NAME	0,00	
Bill Flemi	nc			Unknown			
5. WAS DECEASED EVER I		CES? 16. S	OCIAL SECURITY NO. 17.		Address		
(Yes, no, or unkown) (Ifyas	sgive war or dates of se	ervice)	0 00 5000 00		21 27 71 77		
Yes V	W-I			Lin Rec VAH I	Balto Md Ft Ho	ward Divis	AL BETWEEN
PART I. DEATH W						ONSET	AND DEATH
IMA	AEDIATE CAUSE (e)_	PUL	MONARY CONGES	STION		2	WEEKS
720	DUE TO						
Conditions, if any, w		ART	ERIOSCLEROTIC	HEART DISEAS	E	UN	IKNOWN
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		ARTE	RIOSCLEROSIS,	GENERAT.			
ceuse lest.	2 (c)			CITITUTE		U	IKNOWN
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ceuse lest.	GNIFICANT CONDIT	TIONS CONT			NAL DISEASE CONDITION GIVE	N IN PART 1(a) 19.	WAS AUTOPSY
ceuse lest.	GNIFICANT CONDIT		RIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMI			WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNATURE S	QNIFICANT CONDIT		RIBUTING TO DEATH BUT N			N IN PART 1(a) 19.	WAS AUTOPSY
PART II. OTHER SIGNATURE OF THE PROPERTY OF TH	A UNDERLYING CAUSE OF DEATH COLCAL EXAMINER)	20b. DESC	RIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMI	Part I or Pert II of item 18.)	N IN PART 1(a) 19.	WAS AUTOPSY PERFORMED? NO
PART II. OTHER SIGNATURE OF THE PROPERTY OF TH	QNIFICANT CONDIT	20b. DESC	RIBUTING TO DEATH BUT A	NOT RELATED TO THE TERMI	Part I or Pert II of item 18.)	N IN PART 1(a) 19.	WAS AUTOPSY
PART II. OTHER SIGNATURE OF INJURY Hour a.m.	GNIFICANT CONDITE UNDERLYING CAUSE OF DEATH COULDED EXAMINER) Month, Dey, Yee 19	20b. DESC	RIBUTING TO DEATH BUT A RIBE HOW INJURY OCCUR NOT While at work	ED. (Enter neture of injury in LACE OF INJURY (Home, fart ectory, street, office bidg., etc	Part I or Part II of item 18.) n, 20f. (City or town)	N IN PART 1(a) 19. YES (County)	WAS AUTOPSY PERFORMED? NO (State)
PART II. OTHER SIGNATURE OF INJURY Hour a.m.	GNIFICANT CONDITE UNDERLYING CAUSE OF DEATH COULDED EXAMINER Month, Dey, Yee 19	20b. DESC	RIBUTING TO DEATH BUT A RIBE HOW INJURY OCCUR NOT While at work	ED. (Enter neture of injury in LACE OF INJURY (Home, fart ectory, street, office bidg., etc	Part I or Part II of item 18.) n, 20f. (City or town)	N IN PART 1(a) 19. YES (County)	WAS AUTOPSY PERFORMED? NO (State)
PART II. OTHER SIGNATURE OF INJURY HOUR a.m.	GNIFICANT CONDITE UNDERLYING CAUSE OF DEATH COULDED EXAMINER Month, Dey, Yee 19	20b. DESC	RIBUTING TO DEATH BUT A RIBE HOW INJURY OCCUR NOT While at work	ED. (Enter neture of injury in LACE OF INJURY (Home, fart ectory, street, office bidg., etc	Part I or Part II of item 18.) n, 20f. (City or town)	N IN PART 1(a) 19. YES (County)	WAS AUTOPSY PERFORMED? NO (State)
PART II. OTHER SIGNATURE OF INJURY Hour a.m.	GNIFICANT CONDITE UNDERLYING CAUSE OF DEATH COULDED EXAMINER Month, Dey, Yee 19	20b. DESC	RIBUTING TO DEATH BUT A RIBE HOW INJURY OCCUR NOT While at work	ED. (Enter neture of injury in LACE OF INJURY (Home, farr actory, street, office bldg., etc.)	Part I or Pert II of item 18.) n, 20f. (City or town) 1961, to Octo8 3M, from the causes a	(County) (County) 191, that	(State)
PART II. OTHER SIGNATURE OF INJURY Hour a.m. 21. I certify that saw the deceased	GNIFICANT CONDITE UNDERLYING CAUSE OF DEATH COULDED EXAMINER Month, Dey, Yee 19	20b. DESC	RIBUTING TO DEATH BUT N RIBE HOW INJURY OCCUR NOT While at work ed the deceased from 19.61, and th	ED. (Enter neture of injury in LACE OF INJURY (Home, farrectory, street, office bldg., etc.)	Part I or Part II of item 18.) n, 20f. (City or town)	(County) (County) 191, that	WAS AUTOPSY PERFORMED? NO (Stata) (K) (we) lass stated above
PART II. OTHER SIGNATURE PART II. OTHER SIGNATURE 20a. ACCIDENT WAS OR CONTRIBUTING [IF EITHER, NOTIFY ME 20c. TIME OF INJURY Hour a.m. p.m. 21. I certify that saw the deceased 22a. SIGNATURE 22c. PHYSICIAN'S	GNIFICANT CONDITE UNDERLYING CAUSE OF DEATH COULDED EXAMINER Month, Dey, Yee 19	20b. DESC	RIBUTING TO DEATH BUT N RIBE HOW INJURY OCCUR NOT While at work ed the deceased from 19.61, and th	ED. (Enter neture of injury in LACE OF INJURY (Home, farrectory, street, office bldg., etc.) at death occured and ATTENDING	Part I or Pert II of item 18.) n, 20f. (City or town) 1961, to.Oct8 3M, from the causes a	(County) (County) 191, that	(State)
PART II. OTHER SIGNATURE PART II. OTHER SIGNATURE 20a. ACCIDENT WAS OR CONTRIBUTING [IF EITHER, NOTIFY ME 20c. TIME OF INJURY Hour a.m. p.m. 21. I certify that saw the deceased 22a. SIGNATURE	UNDERLYING CAUSE OF DEATH DICAL EXAMINER) Month, Dey, Yee 19 (this hospit alive onOct	20b. DESC	RIBUTING TO DEATH BUT N RIBE HOW INJURY OCCUR NOT While at work ed the deceased from 19.61 and the	ED. (Enter neture of injury in LACE OF INJURY (Home, farrectory, street, office bldg., etc.) at death occured at ATTENDING PHYS. 22d. ADDRESS	Part I or Pert II of item 18.) n, 20f. (City or town) 1961, to Octo8 3M, from the causes a MED. STAFF PHYS. X	(County) (County) (County) (County)	(State) (State) (State) (M) (We) lass stated above 22b. DATE
PART II. OTHER SIGNATURE 20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY ME 20c. TIME OF INJURY Hour a.m., p.m.) 21. I certify that saw the deceased 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	UNDERLYING CAUSE OF DEATH DICAL EXAMINER) Month, Dey, Yee 19 W (this hospit alive onOct	20b. DESC er 20d. It While at work	RIBUTING TO DEATH BUT N RIBE HOW INJURY OCCUR NOT While at work ed the deceased from 19.61, and th	ED. (Enter neture of injury in LACE OF INJURY (Home, farrectory, street, office bldg., etc.) at death occured at ATTENDING PHYS	Part I or Pert II of item 18.) n, 20f. (City or town) 1961, to.Oct8 3M, from the causes a	(County) (County) (County) (County) (County) (County) (County)	(State) (State) (State) (M) (We) lass stated above 22b. DATE
PART II. OTHER SIGN PART III. OTHER SIGN PHYSEM 20e. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY ME 20c. TIME OF INJURY Hour a.m. p.m. 21. I certify that saw the deceased 22a SIGNATURE 22c. PHYSICIAN'S NAME (Type) 23e. BURIAL, CREMATION REMOVAL (Specify)	UNDERLYING CAUSE OF DEATH DICAL EXAMINER) Month, Dey, Yee 19 W (this hospit alive onOct	20b. DESC er 20d. It While at work	RIBUTING TO DEATH BUT NOT WHITE BUT NOT WELL AND A BUT NOT WHITE BUT NOT WELL AND A BUT NOT WELL AND	ED. (Enter neture of injury in LACE OF INJURY (Home, farr sciency, street, offica bldg., etc.) at death occured at ATTENDING PHYS. 22d. ADDRESS VAH Balti Y OR CREMATORY	Part I or Pert II of item 18.) 1961, to Oct. 8 3M, from the causes a DIRECTOR PHYS. X more Md - Ft. Ho 23d. LOCATION (City, town)	(County) (County) (County) (County) (County) (County)	(State) (State) (State) (State) (State) (State)
PART II. OTHER SIGNATURE 20e. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY ME 20c. TIME OF INJURY Hour a.m. p.m. 21. I certify that saw the deceased 22e. SIGNATURE 22c. PHYSICIAN'S NAME (Type) 23e. BURIAL, CREMATION REMOVAL (Specify) BUTIAL	Month, Dey, Yee A (this hospit alive on. Oct Paul Born 1, 23b. DATE THER	20b. DESC er 20d. It While at work	RIBUTING TO DEATH BUT N RIBE HOW INJURY OCCUR NOT While at work ed the deceased from 19.61 and the Management of the	ED. (Enter neture of injury in LACE OF INJURY (Home, farrectory, street, office bldg., etc.) at death occured at ATTENDING PHYS. 22d. ADDRESS VAH Balti Y OR CREMATORY	Part I or Pert II of item 18.) n, 20f. (City or town) 1961, to Oct. 8 3M, from the causes a MED. STAFF DIRECTOR PHYS. X more Md = Ft Ho 23d. LOCATION (City, town) Baltimore	(County) (County) (County) (County) (County) (County) Maryla	(State) (State) (State) (State) (State) (State) (State) (State) (State)
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TO LIVITY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. By delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1108 (MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11071)

							artic	() 4 ()	
1. PLACE OF DEATH	i			2. USUAL RESIDEN	NCE (Where decess			nca bafora e	edmission)
Baltimo	ore		MARYLAND	STATE Marry	vland	b. COUN	11 Za/+	1201	C
b. CITY OR TOWN (if outside corporate limi	its,	c. LENGTH OF STAY IN 16		(If outside corporete	limits, write	RURAL and give	naarast tow	vn)
	giva nearast town)			X -in.					
Sparrows	Point, Md.			Baltin	nore, Md.				
d. NAME OF HOSPI	IAL OK INSTITUTION (if not in hos	pital, giva straat eddrass)	d. STREET ADDRESS	•				ESIDENCE A FARM?
Bethlehem	Steel Hosp	feti		Rt. 14	Box 295				NO
3. NAME OF	First		Middla	Last	4. DATE	Month	Day	Yee	r
(Type or print)					OF DEATH			10	,
S. SEX	Milton		Burnett	Fortman		Octo		19	61
3. JEA	O. COLOR OR RACE	7. MARRIE	D NEVER MARRIED 8	DATE OF BIRTH		birthday)	Months Devs	Hours	Min.
m	white	WIDOWE	D DIVORCED	7/4/08	53	yrs.	Monins Deys	Hours	Min.
10a. USUAL OCCUPATI	ION (Giva kind of work	10b. K	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stete	e or foreign country)		1 12. CITIZEN	OF WHAT	OUNTRY?
done during most of wo			Construction	D-7+ 0	- Ma		11	SA	
Mainta 13. FATHER'S NAME	Tuce		OUS PLAC PTOU	Balto Co	O. MO		0	O K	
John F	ortman			Carrie	Unknown				
S. WAS DECEASED EV			SOCIAL SECURITY NO. 17. 1	NFORMANT		Address			
(Yas, no, or unkown) (II	lyas giva warordatasofs		214-16-3197 M	rs Thelma G	Fortman	Box	295 Balt	to 20	Md.
	Part (Later calls one		ine for (a), (b), and (c).]	10 michia	1 01 01110111				
	H WAS CAUSED BY:	111-		2 1				NSEJ AND I	
	IMMEDIATE CAUSE (e)	Ce	ronary (Occ lussio	m			15 m	lea
4201	DUE TO		0						
Conditions, if any			9						
gava rise to immadi	1-1.								
(e), stating the un	DITE TO								
cause lest.) (c)								
PART II. OTHER	SIGNIFICANT CONDI	TIONS CON	ITRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CON	ITION GIV	EN IN PART 1(a)		
							40.75		NO T
20a. EXTERNAL CA	HISE WAS 1 2	OF DECCE	IBE HOW INJURY OCCURED. (E	nter nature of injury in De	ed Los Park II of item	10 \		11.3	NO LI
PART II. OTHER 20%. EXTERNAL CA PRIMARY or CO CAUSE OF DEATH.		ob. DESCK	ibe now injok? Occored. (E	mer neigra or milery in re	an I of Left II of Hell	10.)			
20c. TIME OF INJU	RY Month, Day, Ya	ar 2Dd.	INJURY OCCURRED 2De. PLA	CE OF INJURY (Home, far	m, 20f. (City or to	wn)	(County)		(State)
20c. TIME OF INJU		While		ory, street, office bldg., et	c.)				
Pilli	19		k et work						
21. I certify th	at I took charge o	of the rem	ains described above, he	ld an Autopsy,	Inspection	Inquir	y Land	in my o	pinion
death resulted f	rom: Natural ca	uses .	Accident , Suici	de , Homicide	Undeter	rmined ma	anner 🗌		
/	Ch Da	00		CHIEF MEDICAL	FX AMINED		100		
ACTUAL (100 . VI R	La	00.						
SIGNATURE	yam	10	ccus	M.D.	DICAL EXAMINER		1000	DATE SIG	INED
EXAMINER'S NAME (Type)	JACK	e	Collins		al EXAMINER	v)		16-2	761
20. BURIAL, CREMATIO		OF	22c. NAME OF CEMETERY OR		22d. LOCATION		or country)	(Stet	le)
REMOVAL (Specify) Burial	10-30-1	961	Ebenezer Met	th Cemetery	Chase		Ma	ryland	d
23. FUNERAL DIRECTO		, , , ,	ADDRESS		C'D BY REGISTRAR	24b. REGI	STRAR'S SIGNAT	TURE	
I 1/	1111	11	= ' 111 . 24	-1:11	OCT 3 0 '61		ribus & the		
X 101.91	A Mere Jas	104.4.10	ineid Hone 740	THE CONTRIBATE			J. Th	alle	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. P CERTIFICATE OF D

RESTON	STREET,	BALTIMORE	1,	MARYLAND	
EATH				11071	
				With 1 1/2	

	11081	J. L. J. L.	
V	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before adm	ission)
•	. COUNTY BACTEMAN MARYLAND	a. STATE MA b. COURTY Aftern are	
	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)	
	write (UIAL and six neerest town)	X Oella	
,	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS e. 15 RESID	
	739 Oellas Mare-	1739 Colla Rue YES NO	
	3. NAME OF First Middle	Lest 4. DATE Month Day Yeer	
	(Type or print)	OF DEATH DIT 12 1960	1
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24	HRS.
	Hamale White WHOOWED DIVORCED TO	2/10/0/ CD vrs. Months Days Hours	Min.
	10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTR		JNTRY?
	done during most of working life, even if retired	md. 0.5.0	-
	13. FATHER'S DIAME	14. MOTHER'S MAIDEN NAME	
\	Pharles Maillan	Priver	
)		INFORMANT / Address	
	(Yes, no, or unkown) (Ifyes give wer or deles of service)	or Kathoria Lowers	/
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVAL BETWEE	EN
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COMPRITIES OF THE PART I, DEATH WAS CAUSED BY: OF THE PART I DEATH WAS CAUSED BY:	Host Failure Acousti and DEA	IH
	4413 X DUETO	Contract to	
	Conditions, if any, which \ (b) Mybert on Si	Le Celigio Acreular	
	geva rise to Immadieta cause	2001 -	
	(a), stating the undarlying couse lest.	Co Co	
		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUT	OPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO		
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED). (Enter nature of injury in Pert I or Pert II of item 18.)	
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
		ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Statest, office bldg, etc.)	ate)
	Hour e.m. While Not While et work at work	Do + 191 / 1/1/1/1/1	
	21. I certify that (I) (this hospital) attended the deceased from.	19 to) tast
	1 4 1 4 1 1 1	death occured 7.7. M., from the causes and on the date stated a	
	22a. SIGNATURE	/ 22b., D	
	there that	A.D. PHYS. DIRECTOR PHYS.	1
	22c. PHYSICIAN'S NAME (Type) I/ F Mc (Frath M	22d. ADDRESS 1303712C2714(1/22	7
	VV. L. 11. 01 C/// 1.	Cot my will of me	
	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. TAME OF CEMETERS	I I do no in the next	n
,	05 west 1915/61 4000 00	rephild Howard a ma	
ď	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
	1 1 1 May Y MAY - Y NOW ON	DATE OCT 16'61 Orthun & House	

TO SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be except the desired by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

. 11/1/20 B. Commerce the Method of the Section Cognitive Here Fix lune Hay the property of the state of th -Jask Brest My 1-/1/a 0 1/ + 3 13/3/11 The the second of the second of the second of the second 1188 100 - Was Cold

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
11082 CERTIFICATE OF DEATH
11079 11082 11072

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Baltimore MARYLAND	a. STATEMaryland b. COUNTY Baltimore
b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
Towson 4	Towson 4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
527 Valley View Road	527 Valley View Road YES NO 13
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year OF
(Type or print) Harry F.	Frank Death October 4 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	August 9, 1896 65 yrs. Months Deys Hours Min.
1De. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDU: done during most of working life, even if retired)	STRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ret'd) Official Public School	Baltimore, Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William M. Frank	Helene D. Hoot
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	
(Yas, no, or unkown) (Ifyasgivewarordetesofservice) Yes WWI 214-36-8550 C	arl Wallace , 113 East Lake Avenue
IB. CAUSE OF DEATH [Enter only one cause pag line for (e), /b), end (c).	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	Tonnary occurrent means
420,1 DUE TO 6-4.	A TA AUNT
Conditions, if any, which > (b) (1) A (MESA) (1) (les huberlousive (.V.D.
geve rise to immediate cause DUE TO	The state of the s
(a), sleaning the diluterlying	V V
(0)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED?
CAI	YES NO 14
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHER, MEDICAL EXAMINER)	EED. (Enter nature of injury in Pert I or Pert II of item 1B.)
	PLACE OF INJURY (Home, ferm, † 20f. (City or town) (County) (Stete)
Hour a.m. While Not While	actory, street, office bldg., etc.)
	3/1 Ant 5/1 (1 Ant w/1)
21. I certify that (I) (this hospital) attended the deceased from	n 24 OCL 1936 to 4 OCK 1961, that (I) (we) last
saw the deceased alive on	nat death occured at AM, from the causes and on the date stated above
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
Lanche C. Illuse de.	M.D. PHYS. DIRECTOR PHYS.
228. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Joseph E. Muse, M.D.	2725 North Charles Street, Zone 18
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, lown or county) (State)
Cremation 10-6-61 Green Mou	
	n+ Boltiman
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. Cook-Towson, Inc., 1050 York Road,	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

destanding the SITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exerted within 24 hours after see the sear death death certificate be exerted within 24 hours after the search of the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 should be detached for use as the burial, cremation, or removal, and in any event within 72 hours after death.

15M 9/60

within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

77000	CERTIFICATE	OI DEATH		111/3
. PLACE OF DEATH		2. USUAL RESIDENCE (When	a deceased lived, If institution: R	esidence before admission
a. COUNTY		a. STATE AA 1	b. COUNTY	
Baltimore		111d.	Bal	timore
b. CITY OR TOWN (if outside corporate limits, write, RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporata limits, write RURAL and	give neerest town)
Loch Raven Village		X Look Rayon	1/: //	
d. NAME OF HOSPITAL OR INSTITUTION (if not in h	osnital give street address)	d. STREET ADDRESS	vallage	e. IS RESIDENCE
	ospiiai, give sileer eddless,	1 C. STREET ADDRESS	1 1	ON A FARM
1911 Redwood Ave		1 1911 Redwood	od Ave.	YES NO
NAME OF First	Middle	Last 4. DAT	TE Month	Day Year
(Type or print)		Than zoni DE	TH O	7 10 0
Cosace		Jicuitzora	000	19 0
. SEX 6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED 8.	DATE OF SIRTH	9. AGE (In years IF UNDER 1	
male white widow	VED DIVORCED 5	-23-1881	80 yrs. Months	Pays Hours Min.
Da. USUAL OCCUPATION (Give kind of work 10b.	KIND OF BUSINESS OR INDUSTRY	1 11. BIRTHPLACE (County & State	, or foreign country) 12, CITI	ZEN OF WHAT COUNT
dona during most of working life, even if retired)		0 1		CA
Ret. Stone (utter		Italy	\cup \cup	SH
B. FATHER'S NAME		14. MOTHER'S MADEN NAME		
Franco 100 Francosi		Rain (11.1		
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 10	6. SOCIAL SECURITY NO. 17. II	VEDE UNI	nown	
(es, no, or unkown) (Ifyasgivewarordatesofservice)	. JOCIAL SECORITI NO. IV. II		Addiess	
	219070614 Am	elia (tranzo	ni	same
18. CAUSE OF DEATH [Enter only one cause per	r line for (a), (b), and (c).)	^	٨	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	(0,00000	-11-10-00	G = 10+	ONSET AND DEATH
IMMEDIATE CAUSE (a)	Celevia	Vascular	acciding	3 ma
331X DUE TO	0, 0	1000	- 0	1000000
Conditions, if any, which (b)	Deveral	rel Urlei	vicensis	10 m
gave rise to immadiata causa		0 1		.0
(a), stating the underlying DUE TO				
cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEA	ASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPS PERFORMED?
(10000000000000000000000000000000000000	ation C-UT			YES NO D
20- ACCIDENT WAS INDEBLYING TO 1201	ESCRIBE HOW INTURY OCCURED	(Enter nature of injury in Part I or P	art II of item 18 1	1.10
OR CONTRIBUTING CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURED.	temer reduce of injury in raff f or P	an ii oi nem ib.)	
20c. TIME OF INJURY Month, Day, Yaar 20d Wh Hour a.m. 19 at w			(City or town) (Cour	nty) (State)
Hour a.m. Wh	ILE THOU AT INTO	ry, street, office bldg., etc.)		
p.m. 19 at w	ork at work	1		
21. I certify that (I) (this house al) atte	inded the deceased from	May, 1961,	to() (t	e. , that (I) ()
saw the deceased alive on	- ((-1	death occured at 10. AM, f		
	:	dodin occurso diam.	Tom the education of the	22b. DATI
228. SIGNATURA	= 1 - ().	ATTENDING MED.	STAFF	SIGN
1 ARIAN	· Mulerami		PHYS.	10/7
22c. PHYSICIAN'S	TID.	22d. ADDRESS	1 11	MON has
NAME (Type) 3 DIS EN	7 F. hillik	4 8450	with lave	n Bard. Bal
	1 22- NAME OF CONSTROY O	OD COEMATORY 1221	OCATION (City town) (State)
38. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY 23d. I	OCATION (City, town or county	(State)
purial 10-10-61	Mareland Mer	n Park Ba	Itimore, Md.	A Land Control of the
4 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2Sa. REC'D BY RE	GISTRAR 256. REGISTRAR'S S	IGNATURE
Lagrand Q Ruch 5205	Hartord Rd.	OCT 1	0'61 arthur	8. Times
Leonald J. Mack) 30)	nacy once Ma.	DATE		

SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exceed within 24 hours after dec. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after defin. VR A15 (4) 1SM 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	1108	4	CERTIFICAT	E OF DEATE			11	ロウオ	
1. PLACE OF DEAT •. COUNTY	Baltimor	е	MARYLAND	o. SIATE Marylan		b. COUNTY	tution: Residan		on)
	(if outside corporete limited give neerest town)	its, c.	LENGTH OF STAY IN 16	Essex	(If outside corporate	limits, write RU	JRAL and give	neerest town)	
	Silver La			d. STREET ADDRESS	ver Lane	Road		e. IS RESIDEN ON A FAR YES NO	M?
3. NAME OF DECEASED (Type or print)	Luc		Virginia	Gardner	4. DATE OF DEATH	Octob	er 1	19 61	
5. SEX Female	6. COLOR OR RACE	7. MARRIED WIDOWED	145 AEK WORKSED	ebruary 25,	1885 76	iE (In yeers IF Myss.)	onths Deys	Hours Mir	_
done during most of w	TION (Give kind of work working life, even if retire Eewife		OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Cour	re, Maryl		-	S.A.	RY
13. FATHER'S NAME Will	iam Muir			14. MOTHER'S MAIDEN unknown		is			
Conditions, if en gave rise to Imme. (e), stating the cause lest. PART II. OTH 20e. ACCIDENT V OR CONTRIBUTING U(IF EITHER, NOTIF	diete ceuse underlying DUE TO	TIONS CONTRI	nellit	DT RELATED TO THE TERMI				9. WAS AUTOP PERFORMED YES NO	?
	VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) URY Month, Dey, Ye			O. (Enter neture of injury in			(County)	(Stete)	
Hour a.m.	19	While et work	Not While fac	tory, street, office bldg., atc	:.)		<i>*</i>		
21. I certify saw the decea		tal), attended	the deceased from.	t death occured and.	1950, to				ove
220. SIGNATURE	chest Y.	Tyd	en.			TAFF HYS.		22b. DAT SIG	
22c. PHYSICIAN' NAME (Typ	o) Robert	J. Lyde	•	815 East	ern Aven				
23a. BURIAL, CREMA REMOYAL (Specifi BURIAL	10-21-		Parkwood Co	emetery		aylor	Avenue	(State)	
Wm. Cook,	Inc., 1217	St. Pau	1 Street	25a. REG	C'D BY REGISTRAR		rar's signa		

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5	b	F TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	·5	S be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death,
٦.	VR	. A	12	(4)

DIVISION OF STATISTICAL RE	RYLAND STATE DEP		HEALT.	
11085	CERTIFICATE	A STATE OF THE PARTY OF THE PAR		
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	Maryland	ICE (Where decaasad lived, If institution: I b. COUNTY	-/-
b. CITY OR TOWN (if outside corporate limits, write RURAL and giva nearest town) Fort Howard	c. LENGTH OF STAY IN 16	Baltimore	If outside corporate limits, write RURAL and	1-4
Veterans Administration Name of First	on Hospital	11	Allen Drive	ON A FARM? YES NOT
DECEASED (Type or print) TWITE		EISLER	4. DATE Month OF DEATH October	5 19 61
	MARRIED NEVER MARRIED BY BY INDUSTRIBLE BY	February 24	,1895 66 yrs.	I YEAR IF UNDER 24 HRS. Deys Hours Min. IZEN OF WHAT COUNTRY
Engineer 13. FATHER'S NAME	Expdosives	Allison 1	Park, Pennsylvania	U. S. A.
William Geisler 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unkown) (Ifyesgivawerordetesofservi	ce) coc ca coco Cli	nical Record	ls, VAH. Baltimore 18	, Maryland
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e)	206-01-0038 For use per line for (e), (b), and (c).) CARCINOMATOSIS WIT	t Howard Div	71510n	INTERVAL BETWEEN ONSET AND DEATH 3 MONTHS
gave rise to immediate ceuse	CARCINOMA OF URINA PERIAORTIC NODES A		WITH METASTASIS TO	UNKNOWN
ceuse lest. (c)	ILEO-LOOP BLADDER		II OT DI TARACCEM ON GIVEN IN PART	15 MONTHS
1.0peration -Total cyllaparotomy, 7/17/61-me: 20a. ACCIDENT WAS UNDERLYING 20 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	stectomy with ileo tastatic Carcinoma bb. DESCRIBE HOW INJURY OCCURED	-loop/7/60.	Operation 2.Explora	tory PERFORMED NO
20c. TIME OF INJURY Month, Day, Yeer Hour a.m. 19		ACE OF INJURY (Home, far tory, street, office bldg., et		inty) (Stata)
21. I certify that XI) (this hospital) saw the deceased alive on Octo	ber 5 1961, and that	September 20 death occured at.	0161, toOctober 5, 19	the date stated abov
22c. PHYSICIAN'S NAME (Type))	ATTENDING PHYS. 22d. ADDRESS	MED. STAFF DIRECTOR PHYS. X	10/5/6
THOMAS F. CRAHAN, M. 23e. BURIAL, CREMATION, 23b. DATE THEREO REMOVAL (Specify) REMOVAL		OR CREMATORY	CIMORE 18, MARYIAND, F 23d. LOCATION (City, town or count Glenshaw, Pennsy	y) (Stete)
24 FUNERAL DIRECTOR'S SIGNATURE Wm. Cook-Blight, Inc.	ADDRESS Mary	rland 250. RE	C'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE

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Nebratu 24,1885 65

P. Propert 29

Allison Park, Formaniamic William .

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MENDE BY	C	OURT ORDER MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 OURT ORDER amend items 3,8,13,14 per co g974 4-15-16 vt CERTIFICATE OF DEATH Reg. Dist. No. 11076
Page directo		ACE OF DEATH COUNTY 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before odmission) a. STATE b. COUNTY b. COUNTY
erol dire		Baltimore County Maryland Baltimore CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
offer death. Page the funeral director should be filed with		RURAL ond give neorest town) Alonsoilk X Catonsville
N × N	d	NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 7111 West Hills Parkway 7111 West Hills Parkway 4. STREET ADDRESS ON A FARM? YES ON NO IX
xecuted within haur a completely filled in b papers. Pages I and eoth.	D	AME OF AKA FE'va Maria Bavota CEASED Lost OF Month Day Yeor OF DEATH 10 17 1961
withigh etely fi	S. S	X 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
S let vi	Fe	male White WIDOWED DIVORCED April 25 1892 69 yrs. 5 22 Hours Min.
executed and complete in papers. deoth.		USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
0 2 5 0		Housewife Italy Italy
o	13. F	ATHER'S NAME 14. MOTHER'S MAIDEN NAME Maria Michela Caporicci
rtificate k physician emove car hours aft		Mary Capporicha
		/AS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address 10, or unknown) (If yes, give wor or dates of service)
deoth ce ttending please re within 72	—	None Mrs. Mary Krein (Daughter) 8. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]
quires that the a igned by the a permit. Then in any event v		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (a), stating the under- lying couse lost. CARCINOMA SIGMOIC COLON ADVANCED AND METASTATIC (b) DUE TO (c)
ysici ysici beel tran al, c	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
IAN: The ending ph ficate has the burial ar remov	CERTIF	00. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20c. ACCIDENT WAS UNDERLYING 20c. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20c. ACCIDENT WAS UNDERLYING 20c. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)
PHYSIC al or att this certi r use as emotian	MEDICAL	Oc. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 Octory, street, office bldg., etc.) (City or town) (County) (Stote)
NG spit ter d far (, cr		21. I certify that I attended the deceased from October 9, 1961, to October 16, 1961, that I last saw the deceased
NDI e ho ichec uria		alive on 0 to be 19, 19 61, and that death occurred at 1.55 AM, from the causes and on the date stated above
OR ATTE		ADDRESS (Street, city or town, stote) DATE SIGNED M.D. 5000 BALTO NAT'L PIKE 10/17/61
RAL RAL shou		HYSICIAN'S Melvin N. BORDEN BYLTO 29, MD
- m co o	220.	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
o He may bage the re		Rurial 10/20/61 New Cathedral Baltimore, Maryland
VS A1S (4)	23. F	UNERAL DIRECTOR'S SIGNATURE 24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
15M 9/S8	\/	Cuamury Glen Burnie, Md. DABET 19'61 arthur S. Knows

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TO W PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be extracted within 24 hours after	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	S. be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death
HYSICIAN ne hospital o	is certificate	h prior to b
PITAL OR ATTENDING P	ERAL DIRECTOR: After thi	with the State Dept. of Health
TO F	TO FUN	pelij eq
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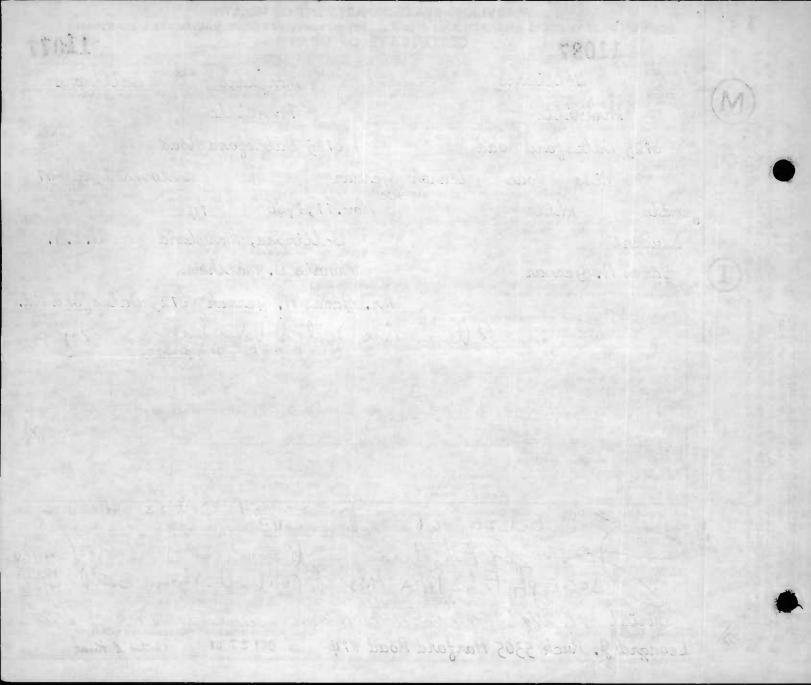
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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	1. PLACE OF DEATH		2. USUAL RESIDENCE (Where dece	ased livad, If institution: Rasic	denca before admission)
d	Baltimore	MARYLAND	. STATE Maryland	b. COUNTY Balt	imore
П		c. LENGTH OF STAY IN 16	CITY OR TOWN (If Butside corpora	te limits, write RURAL and gi	ve nearest town)
4	write RURAL and give nearest town)		Parkville		
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospit	tal, give street address)	d, STREET ADDRESS		. IS RESIDENCE
	0 0 1 1 10 1		1 8125 A-la Jan	1 Road	ON A FARM?
	3. NAME OF Dales ford Road	Middle	lest Jaces force		YES NOCK
	DECEASED	Middle	OF DEATH	0.1	0 1 /0
	(Type or print) Miss Joan (unare	Uctober 2	
	5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED		AGE (In years IF UNDER 1 YEAr ast birthday) Months Day:	
	temade white WIDOWED	DIVORCED /	Vov. 11, 1946	7 11 yrs.	
	doba. USUAL OCCUPATION (Giva kind of work done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY		eign country) 12. CITIZEN	OF WHAT COUNTRY?
	Student		Baltimore, Mar	ruland	U.S.A.
	13. FATHER'S NAME	1	14. MOTHER'S MAIDEN NAME	0	
1	James H. German		Nannie B. Matth	rews	
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SC	OCIAL SECURITY NO. 17. II	NFORMANT	Addrass	
	(Yes, no, or unkown) (Ifyesgivewarordatasofsarvica)	Mr.	James H. German	2 8125 Dale	estord Rd.
	1B. CAUSE OF DEATH [Enter only one cause per line		Junes 111 June	^	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	() · T.	mit () Usos	San	ONSET AND DEATH
۲	IMMEDIATE CAUSE (a)	Mumall	e fucial veers	war	1901
ź	7/0% DUE TO		distant, o	aone	
	Conditions, if any, which (b)				
	(a), stating the underlying DUE TO				
	cause last. (c)				
5	PART II. OTHER SIGNIFICANT CONDITIONS CONTE	RIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED?
)	TATE OF THE PARTY				YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTINUED TO THE CONTINUE CO	RIBE HOW INJURY OCCURED.	(Enter nature of injury in Part I or Part II of	item 18.)	1
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	Z 20c. TIME OF INJURY Month, Day, Year 20d. IN.	IJURY OCCURRED 20e, PLA	CE OF INJURY (Home, farm, 1 20f. (City of	r town) (County)	(State)
	Hour a.m. While	THOI WILLIAM	ory, street, office bldg., etc.)		
Н	p.m. 19 at work	at work	0	A = //	
	21. I certify (I) (this hospital) attended			Oct 23, 19 6	
A	saw the deceased alive on OC	219	deth occured at .II.P.M., from t	he causes and on the	date stated above
7	22a. SIGNATURE	+1.1	ATTENDING MED.	STAFF	22b. DATE SIGNED
	Joseph .	t. hillian	D. PHYS. DIRECTOR	PHYS.	10/24/6
	22c. PHYSICIAN'S NAME (Type)	1. D.	22d. ADDKESS	11- 10	n 1 Kolt
	JOSEPHI	he JIRA M.	1) 8400 mar	- ravens	mo. 4, Md
		23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCAT	ION (City, town or county)	(State)
	REMOVAL (Spacify)	MOROIANO	Men. BAL	TIMORE	Md.
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REGISTRA	AR 256. REGISTRAR'S SIGN	NATURE
1	Leonard J. Ruck 5305 H	artord Road	#14 DATE OCT 2 7 '61	1 arthur 8	Kraus



ed within 24 hours after TO SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be expected within 24 hour. Second death. Page 4 may be retained by the hospital or attending physician.

\$\frac{1}{2} \in \text{TO FUNERAL DIRECTOR.}\$ After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-fransit permit. Then please remove carbon pagets. Pages 1 and 2 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

11078

11189	20, 400 () 0 ()
1. PLACE OF DEATH 3. COUNTY	2. USUAL RESIDENCE (Where dacaased lived, If Institution: Residence before admission)
Baltimore Maryland	*. STATE Maryland b. COUNTY Baltimore
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Baltimore-Catonsville	Baltimore
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
5 South Beechwood Avenue	5 South Beechwood Avenue
B. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Tunn on mint)	lner DEATH October 28 19 61
	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	July 24, 1906 last birthday) Months Days Hours Min.
0a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTI	
dona during most of working life, avan if ratirad)	Deltinous Mountand II Co. 4
Photo Engraver (Retail)	Baltimore, Maryland U. S. A.
Harry J. Gilner 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Mary Callahan INFORMANT Address
5. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Yes, no, or unkown) (Ifyasgivawarordatasofsarvica)	INFORMANT Address
no Mr	s. Mary G. Ellard-5 South Beechwood Ave.
18. CAUSE OF DEATH [Enler only one cause per ne for (a), (b), and (c).]	INTERVAL BETWEEN ONEET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	failure. Becces
350 X DUE TO A	
Conditions, if any, which \ (b)	House
gave risa to Immediata causa	A
(a), stating the underlying cause last.	Disease - Goars
(6)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) (19) WAS AUTOPSY
	PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter natura of injury in Part I or Part II of item 18.)
to a second seco	ACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata)
Hour a.m. P.m. 19 at work at work	A
21. I certify that (I) (this hospital) attended the deceased from.	au , 1961 to 1928 , 196(, that (1) (m) las
	t death occured at
	death occurred argumm, from the causes and on the date stated above
22a. SIGNATURE	ATTENDING MED. STAFF
	A.D. PHYS. DIRECTOR P
22c. PHYSICIAN'S NAME (Type) J. J. NOLAW MD	Mullow Hile Ave Battemoro 29, Wel
3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stata)
REMOVAL (Specify) Rurial 10-30-61 New Cathedra	al Cemetery Baltimore, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
11m. 1 - Kaloner den Shatta 1	7 Md DATE OCT 31 '61 Chiller S. Kraus
Mill of Orchollen & Store Brille.	CANAMA A TOLINA

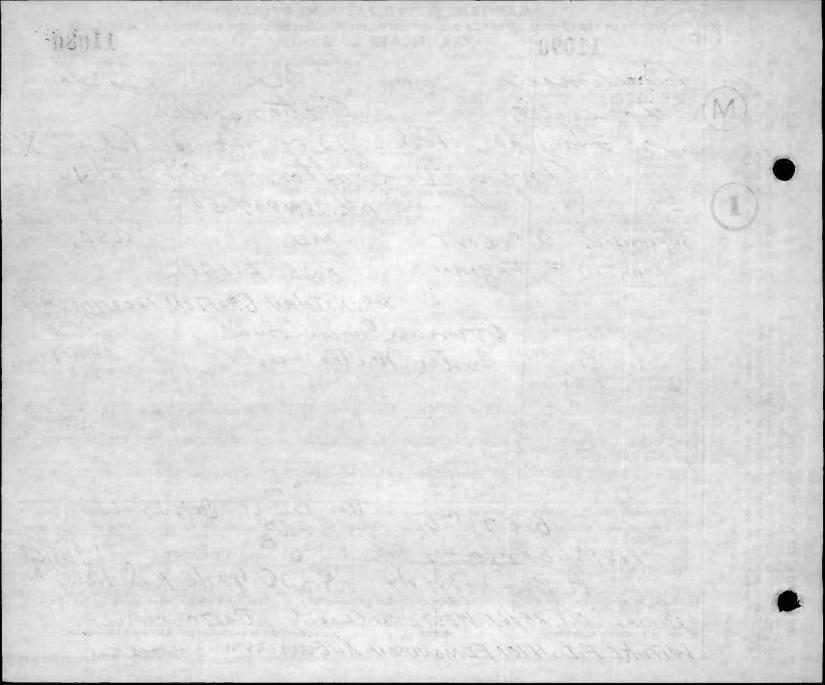
ARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
0.00	-	EDTIEIC ATE	OF	DEATH	

11	089	CERTIFI	CATE OF DEA	TH	Reg. D	Dist. No.11179
1. PLACE OF DEATH o. COUNTY Baltimore		MARYLA	II a STATE	(Where deceased lived.	b. COUNTY	ence before odmission)
b. CITY OR TOWN (If outside con RURAL ond give nearest town) Dundalk	porote limits, write 22)	c. LENGTH OF STAY IN	E. CITY OR TOWN	(If outside corporate line)	nits, write RURAL and	give nearest town)
d. NAME OF HOSPITAL (IF not in or institution 3420 Dunha	ven Road	oddress)	d. STREET ADDRES	SS Dunhaven	Road	IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First RUSSELL	Middle LEE	GODSEY	4. DATE OF DEATH	Month Octobel	Doy Yeor
5. SEX 6. COLOR whi		RIED NEVER MARRIED ED DIVORCED		11,1899 9. AG		R 1 YEAR IF UNDER 24 HRS. Doys Hours Min.
100. USUAL OCCUPATION (Give kinduring most of working life, even lst Helper Ope	n if retired)			Stote or foreign country)	3000000	ITIZEN OF WHAT COUNTRY
13. FATHER'S NAME John Gods	ev		14. MOTHER'S MAID	Wommack		
15. WAS DECEASED EVER IN U. S. A	RMED FORCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT Margaret		Address Same	as #2
Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	CAUSE (6) DUE TO (b) DUE TO (c)		nr OF	THROAT		ONSET AND DEATH
PART II. OTHER SIGNIFIC 20a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E)			BUT NOT RELATED TO THE T			PERFORMED? YES NO
OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E) 20c, TIME OF INJURY Month, Hour o. m. p. m.	Day, Year 20d. II		PLACE OF INJURY (Home, foctory, street, office bldg.	form, 20f. (City or tow		(County) (State)
21. I certify that I after alive on	TOBER, 196	and that de	м.в. 3401 Т	Moral Market Appress (Street, ci Dundalk Av	causes and an ity or town, stole)	last saw the decease the date stated above DATE SIGNET 10/3/61
220. BURIAL, CREMATION, 22b. DA Burial 10		22c. NAME OF CEMETER		22d. LOCATION (City, town, or county)	
23. FUNERAL DIRECTOR'S SIGNATUR Walter Brooks		ADDRESS	24a.	REC'D BY REGISTRAR	24b. REGISTRAR'S S	

10 0 VS A15 (4) 15M 9/55

MERI LIMAGORIA	TE OF DEATH			
	Hard Committee			
	(cc) scamul 2	The state of the s		
	1 100 - 101 (1 05) E		ran no certain	
FA COLLEGE CAMPAGE				
	201 2964, 17 agosta			
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	vertical annual	/ Em_10_10s	TO LEAD	
				Carlo sant
				ARREST CONTRACTOR OF THE PARTY
				TO VIEW TO SELECTION OF SELECTI
NT/OI SHI				N. Astron

11/4	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
A -	16	11090 CERTIFICATE OF DEATH 1108	30
funera should	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before, STATE b. COUNTY b. COUNTY	ore edmission)
by the and 2 death.		b. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town)	I town)
V E-7 N	1	o alonsville alonsville	IS RESIDENCE
y fille	1	1200 Farwall Ped 1200 Harwall 1ch MES	ON A FARM?
mpletel papers n 72 h	3.	DECEASED OF OF	Yeer 19
and con the will will will will be ex-	5.	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE BIRTH 9. AGE (In years IF UNDER 1 YFAR IF UNDER 1 YFA	NDER 24 HRS.
ificate ician a love c	10	Oe. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WH. done during most of working life, even if, refired)	AT COUNTRY?
physic prema any		SUPERVISOR, U.S. GOVT MD, U.SA,	-
death ding please		MARTINI F. FABIAN ROSE DIEGEL	
a aften Then oval, a		5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unkown) (Ifyesgive war or detes of service) MR. NATHAN GRAFTON, 1200 HAR	RD
es tha cian. by the srmit. r rem	-	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET A	L BETWEEN ND DEATH
requir physical gned nsif pe ion, o		175.0 DUE TO 1 TO 1000	Low I
law nding een si ial-tra		Conditions, If eny, which gove rise to immediate cause	- organ
r affer has b e bur irial,		(e), steting the underlying DUE TO couse lest. (c)	
CIAN pital o ificate a as th r to bu	O NOIN	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. W/PI	AS AUTOPSY ERFORMED?
PHYSI the hos his cert I for use the prior	CERTIFICATION	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
DING hed by After t etached of Hea	MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) Hour a.m. p.m. 19 et work et work	(State)
retair FOR: be d Dept.		21. I certify that (I) (this hospital) attended the deceased from Wow 15, 1961, to Part 25., 1961/that (
R AJ			22b. DATE
AL O		ATTENDING MED. STAFF PHYS. DIRECTOR DIRECTOR PHYS. DIRECTOR DIRECT	15 Kg SIGNED
PITA Page FUNERA ector, pag filed with		NAME (Type) M Paul 13 gerly 38 20 gone Kex 10bl	Sh
	23	REMOVAL (Specify) REMOVAL (Specify) REMOVAL (Specify) RESTERN (EARTY BALTO, MP,	(Stole)
VR A15 (4)	2	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	
15M 9/60		WITCHE F.D. 4101 EDMONDSON AUGORIEZ 6 86 '61 OF CONSUMBLE	



Reg. Dist. No. 11081

Baltimore	MARYLAND	o. STATE Md.		OUNTY	imore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Long Beach	LENGTH OF STAY IN 16	c. CITY OR TOWN (If our Long	utside corporote limits. Beach	, write RURAL and give	nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, Box 302, Chesapeake A		d. STREET ADDRESS Box 302, C	hesapeak	e Ave.	e. IS RESIDENCE ON A FARM? YES NO ST
3. NAME OF DECEASED (Type or print) / DA	MALIE	Praham 4.	DATE OF DEATH	Month Day	9 19 6 /
5. SEX 6. COLOR OR RACE WIDOWED WIDOWED		DATE OF BIRTH 5/26/1889	9. AGE (In y lost birthdo)	yrs. IFUNDER 1YEAS	R IF UNDER 24 HRS. Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND during most of working life, even if retired) housewife 3. FATHER'S NAME	t home	Baltimor 14. MOTHER'S MAIDEN NAM	e, Md.	U.S.	A .
Bernard Lewis			Luers		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or doles of service)		wrence Zorn		, above	
18. CAUSE OF DEATH [Enter only one cause pac line for (or PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) 2 6 DUE TO Conditions, if ony, which gove rise to immediate cause	nay Oce endize	I Ar Len	o stees	ON	ERVAL BETWEEN SET AND DEATH OF THE SET AND DEATH
(a), stoling the underlying DUE TO (c)		neceto	7		19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRI 200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	W INJURY OCCURRED. (E	nter nature of injury in Part 1 o	or Port II af item 18.)		YES NO
Hour a.m. While	Not while of work 20e. PLAC	E OF INJURY (Home, form, ry, street, office bldg., etc.)	20f. (City or fawn)	(County)	(State)
21. I certify that I took charge of the remodeoth resulted from: Notural couses ACTUAL SIGNATURE EXAMINER'S SAME (Type)		ide], Homicide	, Undetermin	Inquiry ened couse .	DATE SIGNED
REMOVAL (Specify)	NAME OF CEMETERY OR C		Baltimor		(State)
23. FUNERAL DIRECTOR'S SIGNATURE Charles E. Schimunek Fune 3331 Brehms Lane	ADDRESS			Certhur & Hay	TRE Tracks

VS. A15ME(5) 5M 9/55

LANGE OF THE PROPERTY OF THE PARTY OF THE PA TO H PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exercited within 24 hours after a death. Page 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be befiled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1109
CERTIFICATE OF DEATH
11082

11036					90.0	-000
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDEN	CE (Where decess			ence before admission
Baltimore	MARYLAND	e. STATE Marv	land	b. COUN		rundel Co.
b. CITY OR TOWN (if outside corporate limits. c. LENC	STH OF STAY IN 16	c. CITY OR TOWN		limits, write		
write RURAL and give nearest town) Catonsville	l Da.	Glen	Burnie,	Md.		OJX.
d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give		d. STREET ADDRESS				. IS RESIDENC
Spring Grove State Hospital		303	First Ave		W.	YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE	Month	Da	y Year
(Type or print) Frank		Grahe	DEATH	Oct	. 2'	7 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEV	VER MARRIED B.	DATE OF BIRTH			IF UNDER 1 YEA	
M WIDOWED	DIVORCED	1-13-1878	8	birthday)	Months Deys	Hours Min.
	USINESS OR INDUSTRY	1 11. BIRTHPLACE (Cour	nty & State, or forei	on country)	12. CITIZEN	OF WHAT COUNTR
done during most of working life, even if retired)	s & Hent	Maryland			U. S	3
Retired (Const.Eng.) Cumming 3. FATHER'S NAME	a d lielle	14. MOTHER'S MAIDEN			1 0 0 1	
Unknown		Unknow				
	SECURITY NO. 17. II		4-4	Address		M. S. S.
Yes, no, or unkown) (If yes give war or dates of service)			*******		L . TY	4.7
) CUIT	Records: Sp	ring Grov	e Sta		
1B. CAUSE OF DEATH [Enter only one cause per line for (a)	, (b), and (c).]					NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Terminal	Pneumonia.	•				
HAD DUE TO						
Conditions, if any, which (b) Arteriosc.	lerotic car	rdiovascular	disease.			
geve rise to Immediate ceuse						
(a), stating the underlying DUE TO Arterios	clerosis,	generalized,	severe.			
cause last. (c)				DITION GIVI	EN IN PART 1(=)	10 WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	IS TO DEATH BUT NO	I KELATED TO THE TERMI	INAL DISEASE CON	DITION GIVI	IN HALLMAN I(a)	PERFORMED?
						YES NO X
Z 20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HO OR CONTRIBUTING ☐ CAUSE OF DEATH I (IF EITHER, NOTIFY MEDICAL EXAMINER)	W INJURY OCCURED.	(Enter nature of injury in	Part I or Part II of it	em 18.)		
20c, TIME OF INJURY Month, Day, Year 20d, INJURY O	CCURRED 20e. PLAC	CE OF INJURY (Home, fare	n, : 20f. (City or t	own)	(County)	(State)
Hour e.m. WhileNot	While facto	ry, street, office bldg., etc)			
-1 t						
	work 🔲		1	00 /	•	
21. I certify that XX (this hospital) attended the	work deceased from					
	work deceased from					date stated abov
21. I certify that XI (this hospital) attended the saw the deceased alive on10-27-611	deceased from 9, and that	death occured at.2	M, from the	causes	and on the	date stated abov
21. I certify that XI (this hospital) attended the saw the deceased alive on10-27-611	deceased from 9, and that	ATTENDING	MED S		and on the	date stated abov
21. I certify that M (this hospital) attended the saw the deceased alive on	work deceased from 9, and that	ATTENDING PHYS.	MED. SDIRECTOR P	TAFF HYS.	and on the	date stated abov 22b. DATE 10-27-61
21. I certify that M (this hospital) attended the saw the deceased alive on10-27-611 22a. SIGNATURE Seller Wash	work deceased from 9, and that	ATTENDING PHYS. 22d. ADDRESS S	MED. DIRECTOR P Pring Green	TAFF Hys. 🔯	ate Hos	date stated abov 22b. DATE 10-27-61
21. I certify that M (this hospital) attended the saw the deceased alive on	work deceased from 9, and that	D. ATTENDING PHYS. 22d. ADDRESS S	MED. SDIRECTOR P	TAFF HYS. X OVE Store, Man	ate Hospryland	date stated abov 22b. DATE 10-27-61
21. I certify that XI (this hospital) attended the saw the deceased alive on	work	D. ATTENDING PHYS. 22d. ADDRESS COR CREMATORY	MED. DIRECTOR P Pring Greatonsvill 23d. LOCATIO	TAFF HYS. DVe St. C. Ma: N (City, tow	ate Hospryland	date stated abov 22b. DATE 10-27-61GNE pital (State)
21. I certify that N (this hospital) attended the saw the deceased alive on	work	ATTENDING PHYS. 22d. ADDRESS S OR CREMATORY Cemetery	MED. DIRECTOR DE POPULATION GREATORS VILLE 23d. LOCATIO Glei	TAFF HYS. X OVE Store, Man N (City, town	ate Hospryland	date stated abov 22b. DATE 10-27-61GNE pital (State)
21. I certify that \$\mathbb{M}\$ (this hospital) attended the saw the deceased alive on\ \textbf{1027-611} \\ 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Stella Wachsler, I 23e. BURIAL, CREMATION, REMOVAL (Specify) Burial 30th Oct. 61 G10 24 SUNDER DIRECTOR'S SIGNATURE 4 20	work	D. ATTENDING PHYS. 22d. ADDRESS S OR CREMATORY Cemetery 25e. Ref	MED. DIRECTOR P Pring Greatonsvill 23d. LOCATIO	TAFF HYS. X TOVE Store (City, town Burn 25b. REG	ate Hospryland	22b. DATE 10-27-61GNE pital (State)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No funeral director, ald be filed with death. Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where-deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. GTY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c., CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) should I d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION the Pines House 2 3. NAME OF First Middle Month DECEASED OF DEATH (Type or print) 5. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthday) Months WIDOWED [DIVORCED [100. ASUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 2001 Msurane 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (If yes, give wor or dates of service) Aline 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour o. m. While Not while at work of work p. m. . 1961 that I last saw the deceased 10-30-21. I certify that I attended the deceased fram.___ __, and that death accurred at L_H__M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) NAME (Type) BURIAL CREMATION: 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 23. MUNERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. Thous VS A15 (4) DATE OCT 3.1. '61 15M 10/57

ON A FARM?

YES NO TO

19

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO A

> > (Stote)

DATE SIGNED

(Stote)

(County)

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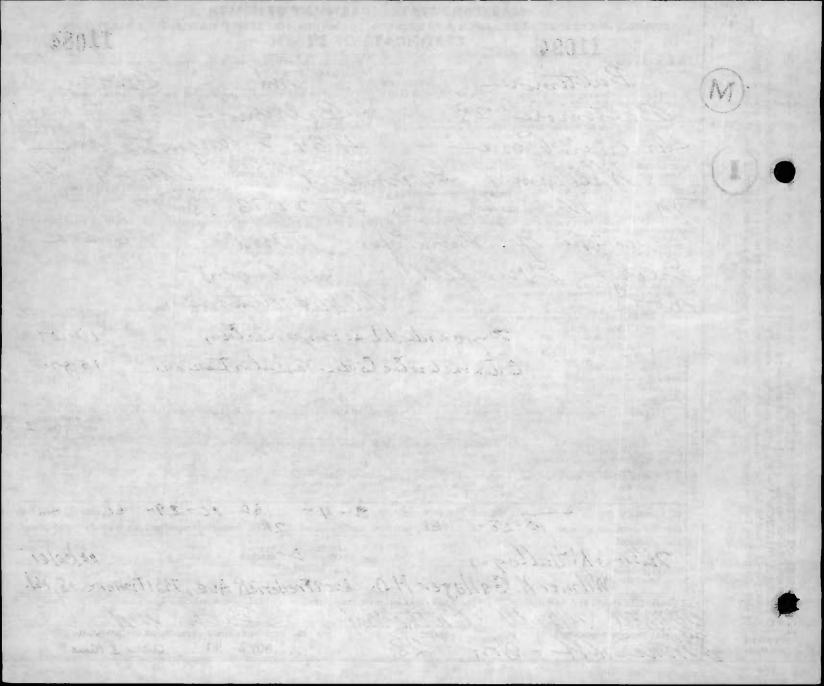
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11084 11094

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission	n)
V	s. COUNTY R	e. STATE 6. COUNTY	
	1 Wellmore MARYLAND	ma open	-
٦,	b. CITY OR TOWN (if outside corporate limits, write BUBAL end give neerast town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	4
	Baltimore 28	Baltimore 29 3101	-
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS 8. IS RESIDENC ON A FARM	
	Alexander (anien-	4345 angents kuse NO	1
	3. NAME OF First Middle	Last 4. DATE Month Dey Yeer	=
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	(Type or print) William / Afrin	All Office	_
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	dona during most of working life, even if retired)	Ind. U.S. a.	
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	-
	Q - d - d	19. MOTHER O MAINTENANCE	
	Florge Mindell	(mbnown)	_
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	OR CONTRIBUTING CAUSE OF DEATH	, (Eller ligiture of injury in Petr For Port it of Itolic Too,	
	feath	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)	
	Hour a.m. P.m. 19 at work at work		
		5-4- 1960 to 10-29-, 1961, that (1) (10) la	st
		death occured at 2 k.M., from the causes and on the date stated above	
T		death occurred at	
	228. SIGNATURE	ATTENDING MED. STAFF STAFF	
	Melmer N. Jallager M.	D. PHYS. DIRECTOR PHYS. 16/30/61	
	22c. PHYSICIAN'S NAME (Type) 10. 1 V () / M)	22d. ADDRESS	,
	Wilmer K. (381/39er 19.1).	6209 Frederick Ave, Baltimore 28, Md	4
		OR CREMATORY 23d. LOCATION (City, town or county) (Slate)	
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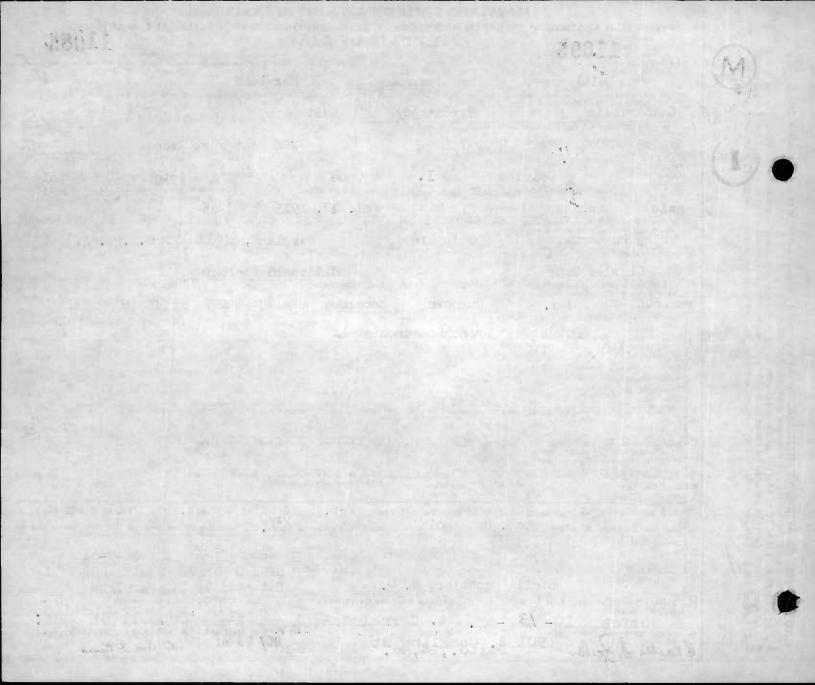


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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
11085

Baltimore MARYLAND b. CITY OF TOWN (if outside corporate limits, write AURAL and give nearest town) write AURAL and give nearest town) Gators VI 1.1e J. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give a street address) SPRING CHOVE STATE HOSPITAL DECRASED Type or print) S. SEX 6. COLOR OR RACE 7, MARRIED* NEVER MARRIED 0 to 1. A part 0 p	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decaesed lived, If institution: Residence before edmission)
b. CITY OR TOWN if qualifac expresses limits, write RURAL and give meanest fown) Gatons vi. 1 (a. no. 6) Gatons vi. 1 (e. COUNTY	a. STATE Many and b. COUNTY
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21. I certify that (K) (this hospital) attended the deceased from Feba 5 1851 to Oct. 8 1961, that (C) (we) last saw the deceased alive on Oct. 8 1961, and that death occured at A, M, from the causes and on the date stated above 22e. SIGNATURE 22c. PHYSICIAN'S NAME (Type) 22c. PHYSICIAN'S NAME (Type) Stella Wachsler, M. D. 22d. ADDRESS SPRING GROVE STATE HOSPITAL Catonsville 28, Maryland 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Siete) REMOVAL (Specify) Burial 24 FUNRAL DIRECTOR SIGNATURE ADDRESS 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SHONATURE	OR CONTRIBUTING CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER)	(critical installation in figure in Facility of Facility of Identification)
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21. I certify that (K) (this hospital) attended the deceased from Feba 5 1851 to Oct. 8 1961, that (C) (we) last saw the deceased alive on Oct. 8 1961, and that death occured at A, M, from the causes and on the date stated above 22e. SIGNATURE 22c. PHYSICIAN'S NAME (Type) 22c. PHYSICIAN'S NAME (Type) Stella Wachsler, M. D. 22d. ADDRESS SPRING GROVE STATE HOSPITAL Catonsville 28, Maryland 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Siete) REMOVAL (Specify) Burial 24 FUNRAL DIRECTOR SIGNATURE ADDRESS 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SHONATURE	Hour a.m. Whila Not Whila factor	pry, streat, office bldg., atc.)
saw the deceased alive on		Fab E 10 El . Oat 8 1067 11 10 () L
22e. SIGNATURE 22e. SIGNATURE 22e. PHYSICIAN'S NAME (Type) Stella Wachsler, M. D. 22d. ADDRESS SPRING GROVE STATE HOSPITAL Catonsville 28, Maryland 23e. BURIAL, CREMATION, 23b. DATE THEREOF PHYS. Catonsville 28, Maryland 23e. BURIAL, CREMATION, 23b. DATE THEREOF Catonsville 28, Maryland 23e. BURIAL, CREMATION, 23b. DATE THEREOF Catonsville 28, Maryland 23e. BURIAL, CREMATION, 23b. DATE THEREOF Catonsville 28, Maryland 23e. BURIAL, CREMATION, 23b. DATE THEREOF Catonsville 28, Maryland 24e. Catonsville 28, Maryland 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SHONATURE	21. I certify that (f) (this hospital) attended the deceased from	9:10 00 10 (we) last
22c. PHYSICIAN'S NAME (Type) Stella Wachsler, M. D. 23c. BURIAL, CREMATION, 23b. DATE THEREOF PHYS. Carmel Cemetery Stella Wachsler Stella Wachsler	Saw file deceased and officers and file	death occured at
22c. PHYSICIAN'S NAME (Type) Stella Wachsler, M. D. 22d. ADDRESS SPRING GROVE STATE HOSPITAL Catonsville 28, Maryland 23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 10-13-61 Mt. Carmel Cemetery of CREMATORY ADDRESS SPRING GROVE STATE HOSPITAL Catonsville 28, Maryland 23d. LOCATION (City, town or county) Stella Wachsler, M. D. 22d. ADDRESS SPRING GROVE STATE HOSPITAL Catonsville 28, Maryland (Siete) Burial 10-13-61 Mt. Carmel Cemetery 5712 0 Donnell St		ATTENDING MED. STAFF SIGNED
Stella Wachsler, M. D. Catonsville 28, Maryland		V
236. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 10-13-61 Mt. Carmel Cemetery 5712 0 Donnell St 24 FUNRAL DIRECTOR'S SIGNATURE ADDRESS 256. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	MAME (Town)	DIKING GROVE STATE HOSTITAD
REMOVAL (Specify) Burial 10-13-61 Mt. Carmel Cemetery 5712 0 Donnell St Ma. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. RECTORY SIGNATURE	Stella wachsler, M. D.	
Burial 10- /3 -61 Mt. Carmel Cemetery 2/12 0 Donnell St Md. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	Po1+
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REGISTRAR 25b. REGISTRAR'S SIGNATURE	Buria 10- 13 -61 Mt. Carme	Cemetery 5712 0 Donnell St Md:
Charles S. Jeiler 901 Balto, 24, Ad. DATE DATE Onthus S. Kinus	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. KEC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Charles & Leilar 901 Balt8nk 14ngd St	



FOR STATE HEALTH DEPT.

M

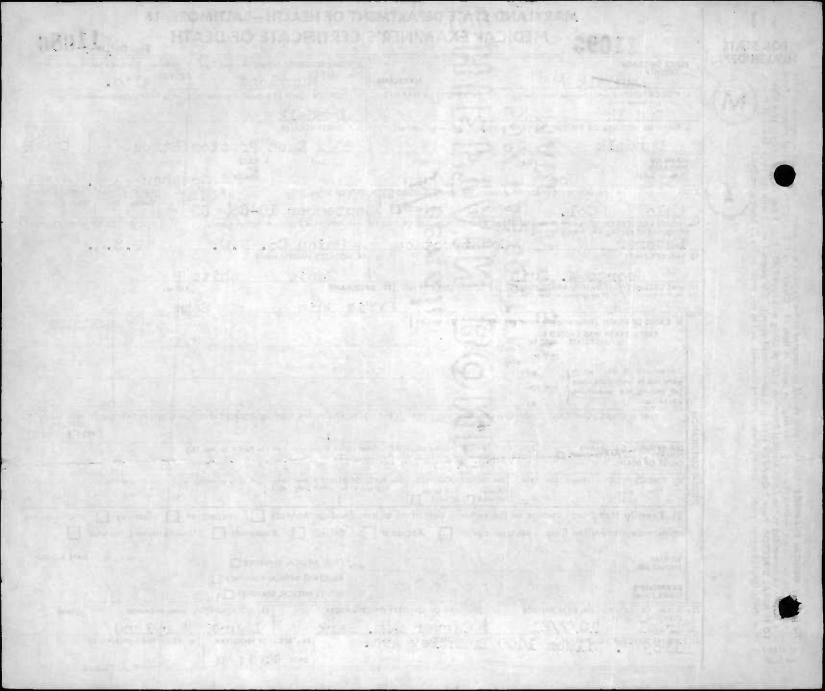
ingral director. Page retained for your files. TO DIENTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any Alay is extend the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to ingress 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

2 ° 7 2 vs. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		11	11Ca
Reg.	Dist.	No.	086

and the same and	000						Keg. Dist. I	0. 000
1. PLACE OF DEATH	ana Batt	0.	AAA BYLAAID	2. USUAL RESIDENCE	(Where decease		Balto.	efore admission)
DISH.	dalk is il		MARYLAND	-				
and give negrest town	I autside corporate limits, writen)	& KURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(It outside corp	orate limits, write	KUKAL and give	neorest town)
Dudal	k			Dundalk				
d. NAME OF HOSPIT	TAL OR INSTITUTION (If not in hos	pital, give street address)	d. STREET ADDRESS				e. IS RESIDENCE
Dunda:	110			SOMO FOR	t Desc	at an Ct	maat	YES NO TO
				1/2042 Eas				
3. NAME OF DECEASED	Fir	rsf	Middle	Lost	4. DATE OF	Mont	h Do	y Year "
(Type or print)	Joe		Guin		DEATH	Octob	er 3rd	1. 19 61
5. SEX	6. COLOR OR RACE	7. MARRI	ED X NEVER MARRIED B	DATE OF BIRTH		9. AGE IIn years		R IF UNDER 24 HRS.
35070	Col	WIDOWE	D DIVORCED D	Contembor	10 00	fost birthday)	Months Doys	Hours Min.
Male	Col.		(IND OF BUSINESS OR INDUST	September		53 yrs.	10 6171751	1
during most of worki	ng life, even if retired)	GONE TOD, P	CIND OF BUSINESS OK INDUST	KI II. BIKITIFLACE (SIGI	ie or foreign co	ountry)	IZ. CITIZEN C	OF WHAT COUNTRY?
Laborer		Cor	struction	Union C	o. N.		U.S.A	
13. FATHER'S NAME				14. MOTHER'S MAIDEN				
Coo	note TAT Char	4		Dondo	7477			
	rge W. Gu	PCFC2 14	SOCIAL SECURITY NO. 17. H	Renie		nite		
[Yes, no, or unknown]	(If yes, give war or dates of					Address		
No			/ Ef	fie Guin		Same		
18. CAUSE OF DEA	TH Enter only one cou	use per fine		1 . 1 . 1	1 ,	1 -	INI	ERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY:	. (/	1 Ms Kui	unus.	70 Col	er a	1	SET AND DEATH
10101	IMMEDIATE CAUSE (o))	0000	A		, , , , ,	1	
VIDILX	DUE TO		1 1-1) 6	Allonder				
Canditions, if a		1	upper a	N WITTER				
gave rise to imme (a), stating the								
couse lost.	underlying (c)	,						
Z PART II OT	HER SIGNIFICANT CON	IDITIONS CO	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINIAI DISEASE	CONDITION GI	VEN IN PART I/O	19 WAS AUTOPSY
9							(b)	PERFORMED?
3					1			YES NO
PART II. OT	USE WAS	DESCRIB	E HOW INJURY OCCURRED. (E	inter nature of injury in Po	ort I or Part II	al item 18.)	-	
CAUSE OF DEATH.		1/11	uc Pruce	d Much	m.			
3 20c. TIME OF INJU	IRY Month, Day, Ye	er 20d.	INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, for	m. 20f. (City	er town)	(County)	(State)
20c. TIME OF INJU	- 11 2	/ While	Not while	ary, street office bldg., et	(c.) X	1 1 1	Dal	4 2 X
		T	ark of wark of	ual	D	when	Spar	or Ind
21. I certify t	hat I took charge	of the	remains described abo	ve, held an Autop	sy 🔲, In	spection []	Inquiry [and in my
opinion death	resulted from:	Natural o	causes , Accident [D. Suicide	Homicide	☐. Undete	rmined mann	er 🗇
1	2000	2		_,,			THE THE THE THE THE	
ACTUAL	YXICA	1	7/1/2-	COURT MEDICAL			-1	DATE SIGNED
SIGNATURE	1/1		~ - 8	_M.D. CHIEF MEDICAL			10/	// .
EVALUATERIA	m a	1	21115 1115	ASSISTANT MEDI	CAL EXAMINE		10/1/	6/
EXAMINER'S NAME (Type)	11/1).	WI	111 (11)	DEPUTY MEDICAL	EXAMINER [1	///	/
220. BURIAL, CREMATIC	ON, 226. DATE THEREC	OF .	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCAT	ION (City, Iown,	or county)	(State)
REMOVAL Specify								(5.0.0)
Burial	TOLLOT	000	Carver Mem		Lau		yrand	185
ELFOY	Wilson l	L000 :	Brafftiey Ave	240. REC	C'D BY REGISTI	CAR 24b. REGI	STRAR'S SIGNATU	JRE.
				DATE	OCT 11 '	61 0	willing & H.	100000000000000000000000000000000000000
Contract of the Contract of th							AND THE PERSON NAMED IN COLUMN 2 OF P	11/1



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

S. SEX Female 6. CCLOP OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH 9. AGE (in years) IF UNDER 1 YEAR (iso by hydrody) Months Days Mo	11087	TE OF DEATH	CERTIFICA	1097	1
Halethorpe 2 Months Gettysburg d. Street address 3.1 Hanover St. 3. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION NAME OF BECKASED (Type or print) MINNIE A GUTMANN S. SEX Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH WIDOWED DIVORCED D	ce before admission)	a. STATE b. COUNTY	MARYLAND	timore	
OR NOTICE OF DETAIL ORDER PACE 134 Hanover St. 3. NAME OF DECEASED 1. DATE OF DECEASED 1. DATE OF DECEASED 1. DATE OF DECEASED 1. DEATH OCt.1, 1961 1. DEATH OCT.1, 1961	give nearest town)				
3. NAME OF DECEASED (Type or print) MINNIE A GUTMANN S. SEX Female 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 3. DATE OF BIRTH Oct. 1, 1961	e. IS RESIDENCE ON A FARM? YES NO	7 7	oddress)	AL (If not in haspitol, give street ayfield Ave	d. NAME OF HOSPITAL
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF Andreas, Penn. 12. CITIZEN OF Andreas, Penn. 12. CITIZEN OF ANDREASE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c). 18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c). 19. INFORMANT 19. INFOR	Day Year	0.0		First	3. NAME OF DECEASED BE
Home Andreas, Penn. USA	1 YEAR IF UNDER 24 HR Days Hours Min.	last histhday)			s. sex Female
Elias Mantz Sarah Lechleitner Sarah Lechleitner Sarah Lechleitner Sarah Lechleitner Sarah Lechleitner Address Address John E. Gutmann, 1823 Mayfield A B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Conditions, if ony, which gave rise to immediate couse (c), stoting the under: Iying couse (o), stoting the under: Iying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CARBULATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 1B.) 20c. TIME OF INJURY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 While Not while of work OTHER SIGNIFICANT CONDITIONS COURSED WHILE OF INJURY (Hame, form, foctory, street, office bldg., etc.) 20c. PLACE OF INJURY (Hame, form, foctory, street, office bldg., etc.)	ZEN OF WHAT COUNTR			ing life, even if retired)	during most of worki
(Yes, no, or unknown) (If yes, give war or dates of service) (In the content of the course per line for (a), (b), and (c).] (In the course of DEATH (Enter only one course per line for (a), (b), and (c).] (In the course of DEATH (Enter only one course per line for (a), (b), and (c).] (In the course of DEATH (Enter only one course per line for (a), (b), and (c).] (In the course of DEATH (Enter only one course per line for (a), (b), and (c).] (In the course of DEATH (In the course of DEATH (b)) (In the course of DEATH (c)) (In the cou	66				Elias M
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o)	i Ave.			If yes, give war or dates of service)	
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20c. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Hour o. m. 19 While Not while of work	INTERVAL BETWEEN ONSET AND TEATH 2 4 Miss.	CLEROTIC HEART DISEAS	NYOCARD RTERIOSC	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Try, which (b)	Conditions, if on gave rise to in couse (o), stoting the
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Hour o. m. 19 of work of work of work of work	11 (o) 19. WAS AUTOPS PERFORMED? YES NO	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	ONTRIBUTING TO DEATH BUT	ER SIGNIFICANT CONDITIONS &	PART II. OTHI
Hour o. m. While Not while foctory, street, office bldg., etc.)		D. (Enter noture of injury in Port I or Part II of item 1B.)	RIBE HOW INJURY OCCURRED	CALISE OF DEATH	OR CONTRIBUTING
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Caunty) (Stat		Not while foc	While	Hour o. m.
21. I certify that (1) (this haspital) attended the deceased from 1967, 1967, to 30 ppf, 1967, to saw the deceased alive an 30 start 1967 and that death accurred at 1978, from the causes and an the dat 220. SIGNATURE 220. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. 221. ADDRESS NAME (Type)		M.D. ATTENDING MED. STAFF PHYS. 22d. ADDRESS	1961 and that d	201	saw the decease 220. SIGNATURE 22c. PHYSICIAN'S

the attending physician and campletely filled in by the funeral directar; Then please remove carban papers. Poges 1 and 2 should be filed with deoth oft any event, within 72 haurs page 3 shauld be detached far use as the burial-transit permit. Then p the State Board of Health priar ta burial, cremation, ar remaval, ond in magnetic relationed by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the

ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

haurs after death. Page

VR A15 (4) 1SM 9/S9

24. FUNERAL DIRECTOR'S SIGNATURE Howard H. Hubbard, 4107 Wilkens Ave

23a. BURIAL, CREMATION, 23b. DATE THEREOF BUILD 15 10/4/61

ADDRESS

GROLEAU

23c. NAME OF CEMETERY OR CREMATORY

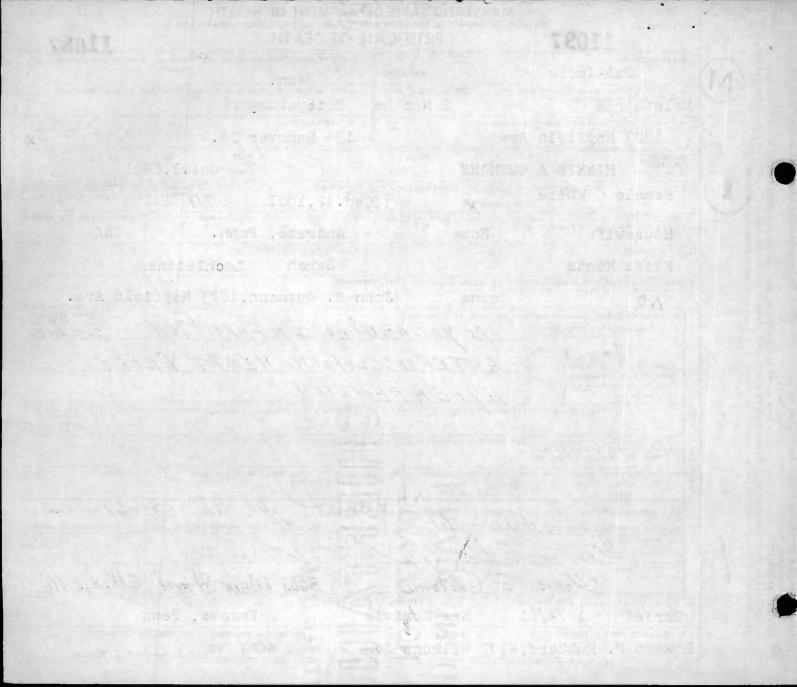
New Morivia

23d. LOCATION (City, town, or county) Emmaus, Penn 25b. REGISTRAR'S SIGNATURE

(State)

250. REC'D BY REGISTRAR OCT 3 DATE

arthur S. Krous



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11088

1. PLACE OF DEATH 2. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where decease	A 41 A 45 A 42 A 5 B 4 A 4 A 5 A 4 A 4 A 4 A 4 A 4 A 4 A 4 A
Politimore	CTATE	b. COUNTY
	Maryland	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporate	limits, write RURAL end give nearest town)
Catonsville 46yr9molda	Baltimore, Maryla	and
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	IS RESIDENCE ON A FARM?
Spring Grove State Hospital	834 N. Gay St.	YES NO E
3. NAME OF First Middle DECEASED	Lest 4. DATE OF	Month Dey Yeer
(Type or print) William	Hagerman DEATH	Oct. 30 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		E (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
M WIDOWED DIVORCED	5-29-1883	yrs. Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (County & State, or foreign	n country) 12. CITIZEN OF WHAT COUNTRY
Box maker	Baltimore	U.S.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
George Hagerman	Caroline Klingmey	ver
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Address
(Yes, no, or unknown) (If yes give war or dates of service)	ecords: Spring Grove	State Hospital
Unknown Unknown R. 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	ecords: Spring Grove	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:		ONSET AND DEATH
IMMEDIATE CAUSE (e) Strangulated rig	ht scrotal hernia	4-6 hours
S C D DUE TO		
Conditions, if eny, which) (b) Direct-indirect	inquinal harmis	10 years
geve rise to immediate ceuse	inguinal hermia	10 years
geve rise to immediate ceuse (a), steting the underlying	inguinal hermia	10 years
geve rise to immediate ceuse (a), stating the underlying cause lest. (c)		
geve rise to immediate ceuse (e), stating the underlying cause lest. DUE TO (c)		DITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
geve rise to immediate ceuse (a), stating the underlying ceuse lest. DUE TO (c)	OT RELATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
geve rise to immediate ceuse (a), stating the underlying cause lest. (c)	OT RELATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
geve rise to immediate ceuse (a), steting the underlying cause lest. DUE TO (c)	OT RELATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
geve rise to immediate ceuse (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N Arteriosclerotic heart disease with 20e. Accident was underlying [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	obliterative pericard	DITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES X NO
geve rise to immediate ceuse (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N Arteriosclerotic heart disease with 20e. Accident was underlying a contributing contribut	obliterative pericard	DITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES X NO
geve rise to immediate ceuse (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N Arteriosclerotic heart disease with 20e. ACCIDENT WAS UNDERLYING 20e. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY MONTH, Day, Year Hour a.m. p.m. 19 DUE TO 20d. INJURY OCCURED While Not While et work feet work	ODITERATED TO THE TERMINAL DISEASE CON ODITERATIVE pericard D. (Enter nature of injury in Peri l or Part if of if ACE OF INJURY (Home, ferm, clory, street, office bldg., etc.)	DITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES X NO Down) (County) (Stete)
geve rise to immediate ceuse (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N Arteriosclerotic heart disease with 20e. Accident was underlying and contributing Course of Death (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 20e. Accident was underlying and contributing to Death But N 20e. Time Of Injury Month, Day, Year While Not While	ODITERATED TO THE TERMINAL DISEASE CON ODITERATIVE pericard D. (Enter nature of injury in Peri l or Part if of if ACE OF INJURY (Home, ferm, clory, street, office bldg., etc.)	DITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES X NO Down) (County) (Stete)
DUE TO (a), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N Arteriosclerotic heart disease with 20e. Accident was underlying a contribution of contributing and contributin	obliterative pericard D. (Enter nature of injury in Peril or Part II of it ACE OF INJURY (Home, ferm, clory, street, office bldg., etc.) 1-26-1915,1925., to1	DITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES X NO Own) (County) (Stete) 0-30-1961 19, that (t) (we) last
geve rise to immediate ceuse (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N Arteriosclerotic heart disease with 20e. ACCIDENT WAS UNDERLYING 20e. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY MONTH, Day, Year Hour a.m. p.m. 19 DUE TO 20d. INJURY OCCURED While Not While et work feet work	obliterative pericard. Obliterative pericard. D. (Enter nature of injury in Peril or Part II of II ACE OF INJURY (Home, ferm, ctory, street, office bldg., etc.) 1-26-1915, 19-5, from the	DITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO Own) (County) (Stete) 0-30-1961 19, that (t) (we) last a causes and on the date stated above
DUE TO Cause lest. Column	DOT RELATED TO THE TERMINAL DISEASE CON Obliterative pericard D. (Enter nature of injury in Port) or Part II of it ACE OF INJURY (Home, ferm, 20f. (City or hotory, street, office bldg., etc.) 1-26-1915, 197., to 10 at death occured at 2, from the	DITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO Own) (County) (Stete) 0-30-1961 19, that (t) (we) last a causes and on the date stated above
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TO CENTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be expected within 24 hours after Page 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shorts be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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You FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 director, page 3 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after death. PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ex

MARYLAND STATE DE

MARYLAND STATE DEPARTMENT OF HEALTH

	MAKILAND 3	IAIE DEPA	KIMENI OF	REALIR	
DIVISION OF STATISTICAL	RESEARCH AND	RECORDS, 30	1 W. PRESTON	STREET, BALTIMORE 1	MARYLAN
11100	CERT	IFICATE C	OF DEATH		110

1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDEN	ICE (Where	deceased lived, If		sidence before	admission)
	ARYLAND						
Baltimore Mi b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town) c. LENGTH OI		c. CITY OR TOWN	(If outside co	orporate limits, write	RORAL SING	MO PO	wn)
Stevenson	III O III	Starr	enson				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street	address)	d. STREET ADDRESS				ON	RESIDENCE
"Withywood"		11W1 ti	hywoo	211		YES	NO J
3. NAME OF First Midd	dle	Last	A. DATI	Month	1	Dey Ye	er
(Type or print) Elizabeth Luc		mond	OF DEAT	UCT		16 19	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MA	ARRIED B.	DATE OF BIRTH		9. AGE (In yeers		The second secon	R 24 HRS.
		ruly 24,19	905	Jast birthdey) 50 yrs.		ays Hours	Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	S OR INDUSTRY	11. BIRTHPLACE (Cou	nty & Stete,	or foreign country)	12. CITIZ	EN OF WHAT	COUNTRY?
Housewife Own Home		770			TT	C A	
13. FATHER'S NAME	1.1	Va 4. MOTHER'S MAIDEN	NAME		U	SA	
Preston Luck 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURI	ITY NO 1 17 IN	Lucille	Asht	on Address			
(Yes, no, or unkown) (Ifyesgive wer or detes of service)				7 tu ui 033			
No **	Ha]	.1 Hammond	d		Abo	ove	
18. CAUSE OF DEATH Enter only one ceuse per line for (a), (b), a	and (c).]					INTERVAL BI	
PART I. DEATH WAS CAUSED BY:						ONSET AND	
IMMEDIATE CAUSE (6) Myocardial	. iniarct	lon				3-4 h	rs.
920.0. DUE TO							
Conditions, if eny, which \ (b) Arterio-scl	anatia h	cant discar	ee and	hmonter	nei on	2	
gava rise to immediate cause	eroure n	ear butsea	se and	nyperver	12TOII		
(a), stating the underlying DUE TO						1000	
ceuse lest. (c)							
	DEATH BUT NOT	RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART 1	(e) 19. WAS	
9						PERF	ORMED?
5						YES	NO TO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO I	URY OCCURED. (I	Enter neture of injury in	Part I or Per	t II of item 1B.)			
	DED 20a DI ACE	OF INJURY (Home, far	m 1 206 (6	City or town)	(Count	(v)	(Stete)
Hour a.m. While Not While		, street, office bldg., etc		any or rowing	(Count	**	(31010)
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURS Hour a.m. While Not While at work at work 19							
	1 . 1	2 20 1.2	10 4	dooth	10	that (I)	(coa) last
21. I certify that (I) (this hospital) attended the dece	eased from1	Z=Zy=43	19,	odeaun	, 19	, that (1)	(we) last
saw the deceased alive on 10-10-61 19	, and that d	leath occured at.	a 3.04, 940	the causes	and on th	e date state	ed above.
22e. SIGNATURE					10 Table	22	b. DATE
wande B. Coo	Down M.D.	ATTENDING PHYS.	MED. DIRECTOR	T STAFF	10-1	.7-61	SIGNED
22c. PHYSICIAN'S		22d. ADDRESS					
NAME (Type) Warde B. Allan, M. D		6 17 18	To com	P. P.1+	0 0	Ma	
				St., Balt			
	OF CEMETERY OR	CREMATORY	23d. LC	CATION (City, to	wn or county)	(State)
REMOVAL (Specify) Burial 10-18-61 Drui	a Daa		D	ikesvil	10		MA
	d Ridge	0F- PF		IKESVII.		CNATURE	Md.
24 1011111111111111111111111111111111111							
H.W.Jenkins & Sons Co.4905 Y	ork Rd.	Balto	1200	art	hun S. Th	alla	

1-3-24 9 . -nearly has hear the Bolly AS Trail of the Control of the Description of the court The many streets the selection of the authority of their TANKS OF THE STATE Town 1. 1917, A. C. Harris G. M. ax versa, Miller 2, 18. per la company de la company d mainte de conserva de la confision de la conserva d DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	1. PLACE OF D

TO H. ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within haurs after death. Page 4 may retained by the haspital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59



11101	CERTIFICA	TE OF DEATH	11091
1. PLACE OF DEATH o. COUNTY Balto) . MARYLAND	2. USUAL RESIDENCE (Where deceased lived. a. STATE b	If institution: Residence before admission) COUNTY Battingre
b. CITY OR TOWN (If autside carporate limits, w RURAL and give pegrest tawn)	vrite c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate lim	its, write RURAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give of NAME OF HOSPITAL)	ast AVe	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) First	a Camila	Haran + 4. DATE OF DEATH	Manth Day Year 2 196/
	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Sept 12 1947 9. AGE	ir UNDER 1 YEAR IF UNDER 24 HRS. L
10a. USUAL OCCUPATION (Give kind af wark dane during mast af werking life, even if retired)	10b. KIND OF BUSINESS OR INDU	JSTRY 11. FIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or upknown) (If yes, give war or dales of service		14. MOTHER'S MAIDEN NAME LIZE GATH M. NFORMANT YANGIS CHARAH S	Chanor Address
1B. CAUSE OF DEATH [Enter only one cause PART I. DEATH WAS CAUSED BY:		O-PNEUMONIA	INTERVAL BETWEEN ONSET AND DEATH Week
IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gove rise to immediate cause (a), stating the under-lying cause last. (c)			
PART II. OTHER SIGNIFICANT CONDITI		T NOT RELATED TO THE TERMINAL DISEASE CONT MALFORMATI	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature af injury in Part I or Part II of it	tem 18.)
Haur a.m.		LACE OF INJURY (Hame, farm, 20f. (City ar taw actory, street, affice bldg., etc.)	n) (Caunty) (State)
21. 1 certify that (1) (this haspital) a saw the deceased alive an 10		MAR. 15 19 48 to OCT	
220. SIGNATURE	achen	M.D. ATTENDING MED. STA. PHYS. PHY	22b. DATE
22c. PHYSICIANUS NAME (Type) JOHN WI	MACHEN M	1.D. 6331 BELDIR	ROAD (6)
23a. BURIAL, COSMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY C	DR CREMATORY 23d. LOCATION (C 2 do o moncly Bolai) 25g. REC'D BY REGISTRAR	City, tawn, ar caunty) PA Bo Ho (State) 25b. REGISTRAR'S SIGNATURE
1 D 00 Bro 711	OB olain Ro	DATECT 4 '61	Chilmy S. Kraus

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by the death. ges 1 after Pages filled i completely carbon and physician remove any please 2. attending and Then remova The law requires that the permit. physician. certificate has been signed by burial-transit attending the hospital Sign use prior detached for the After this Health þ DIRECTOR: Pe plnods PITAL Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11102 I. PLACE OF DEATH 2. USUAL RESIDENCE (Whara daceased lived, if institution, Rasidence before admission) . COUNTY b. COUNTY Talbot Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) writa RURAL and give nearest town) Bellevue Fort Howard d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NOX Veterans Administration Hospital 4. DATE Last Month DECEASED OF (Typa or print) DEATH October 19 61 HASKINS HOWARD 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Hours WIDOWED Divorced December 1.188 Male Negro 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Deep Neck, Maryland U. S. A. Farming Produce 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Cornelia Brammel Perry Haskins Clinical Records, VAH, Baltimore 18, Maryland 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) | (Ifyasgivewarordatesofservice) Fort Howard Division INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), DAY + PART I, DEATH WAS CAUSED BY: PNEUMONIA, LEFT LUNG IMMEDIATE CAUSE (a) XXXXX BILATERAL PULMONARY EMPHYSEMA UNKNOWN Conditions, if any, which gave risa to immediate cause DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO . 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While 10:40 October 21. I certify that (this hospital) attended the deceased from October 1961 saw the deceased alive on October 4 22b. DATE 22a. SIGNATION 5/61 DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type VAH.BALTIMORE 18, MD., FORT HOWARD DIVISION SEBASTIAN RUSSO, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. REMOVAL (Specify) Royal Oak Cemetery Roval Oak Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE ADDRESS arihur S. Krous OCT 9 Tames B. Dashiells Easton, Md. DATE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1 DIACE OF DER 2. DATE OF DEATH 1. NAME OF DECEASED (Type or Print) OCTOBER WILLIAM JOHN HEBNER 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYEAND A. STATE B. COUNTY rose Count MARYLAND TE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET **FULL NAME OF** (If outside city limits, write RURAL and give township) ADDRESS OR LOCATION c. CITY OR TOWN HOSPITAL OR INSTITUTION BALTIMORE (If rurol, give location) D. STREET ADDRESS 4234 BELMAR AVENUE 9. AGE (In years lost birthdoy) If Under 1 Yr. If Under 24 Hrs. 7. SINGLE, MARRIED, 8. DATE OF BIRTH 6. COLOR OF RACE 5. SEX Hours WIDOWED, DIVORCED (Specify) Months Days Min. 26.1867 QL MALE WHITE WIDOWED 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (State or foreign country) 10.A USUAL OCCUPATION (Give kind of work done during most of working life, even if retiBOILER MAKER 10s. KIND OF BUSINESS OR INDUSTRY U.S.A. BALTIMORE MARYLAND 34 YRS. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ROSETTA UNKNOWN CONRAD HEBNER **ADDRESS** 17. INFORMANT 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO (If yes, give wor or dates of service) (Yes, no or unknown) HEBNER 4234 BELMAR. NONE NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH 18. DISEASE OR CONDITION DIRECTLY I NFAR CTION 1 HOUR MYDEARDIAL LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO RTERIGHELEROTIC HEART DISEASE **ANTECEDENT CAUSES** DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING

by the and 2 death.

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physician

attending and

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attending physician. has been signed by the burial-transit permit.

OR ATTENDING PHYSICIAM: The law may be retained by the hospital or attending DIRECTOR: After this certificate has been 3 should be detached for use as the burial-true State Dept. of Health prior to burial, crem.

FUNERAL director, page be filed with th

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VR A15 (4)

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RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. H

CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20. AUTOPSY? IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II 19A. DATE OF OPERATION NOV Uncey 22. I certify that (I) (this hospital) attended the deceased from_____

19 6 1, that (1) (we) lost saw the deceased alive on_

16.1961

ADDRESS

and that in (my) (eur) opinion deoth accurred of 11 P. m., from the couses ond an the date stoted obove

23c. DATE SIGNED 23s. ADDRESS 23A. SIGNATURE

OCT. BELAIR ROAD ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. 240. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMATION, REMOVAL (Specify) 24s. DATE

10/17/61 CARMEL CEMETERY MOUNT BURIAL 25c. FUNERAL DIRECTOR 258. NAME OF REGISTRAR

HENRY SANDER & SONS INC.

Sandrey St., proprietable productor for bank propositional About and the second second ET ON FIRE Direct Charles in the Land Control of the Control o mt (sept of the first of the sept of the s and the same and become a special with the same Address with Engage of the real

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1. PLACE OF DE	ALTIMORE	MARYLAND	2. USUAL RESIDENCE (V		If institution: Residence COUNTY	before admission)
RURAL ond	OWN (If outside corporate limits, write give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limit	3	re nearest town)
	JULLE	JWEEKS.	(SA)	LIMOR	°E -	
OR INSTITU	(1: 1 11 11 11	- 11 -	d. STREET ADDRESS	Se 1=	- HO	e. IS RESIDENCE ON A FARM?
CATEN	Midge NURSIN	9 HOME	180/	HREdE	MICH MI	JE YES NO D
3. NAME OF DECEASED (Type or print	CATHER!	NE H	Endricks	4. DATE OF DEATH	October	20, 196/
S. SEX	1 - 1	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	9. AGE lost b	1 11 1	YEAR IF UNDER 24 HRS. Doys Hours Min.
10a. USUAL OCC	CUPATION (Give kind of work done 10b of working life, even if retired)				12. CITIZE	EN OF WHAT COUNTRY?
	SEWITE	DOMESTIC		ZERLAN	d 14	-J-71.
13. FATHER'S NA	ME UNK TONING	a) Cark	14. MOTHER'S MAIDEN	K		
15. WAS DECEAS	SED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.1	NFORMANT	Mou	Address	
Yes, no, or unknown			lastin Hend	ricks 19.	35-GRiv	inalds Au
18. CAUSE	OF DEATH [Enter only one couse per l	ine far (a), (b), and (c).	10			INTERVAL BETWEEN ONSET AND DEATH
PART	I. DEATH WAS CAUSED BY:	Constrellan	Mercel	men		2 days
3	DUE TO	000000	Victoria			
Condition	e if any subjets)	Confrellar	Orter	2-00000		(me
gove rise	to immediate (2
lying cause	stating the under-	artenerel	uni as	110111	1.211	Lyn.
Z PART	II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE COND	INON GIVEN IN PART	1(a) 19. WAS AUTOPSY
ATIC			V			PERFORMED? YES NO
PART OIL OR CONTRIB (IF EITHER, N	ENT WAS UNDERLYING 20b. DEBUTING CAUSE OF DEATH	SCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	n Part I or Port II of ite	em 18.)	1 110 110 110
	NOTIFY MEDICAL EXAMINER)					
20c. TIME OF	a. m. While	6.	LACE OF INJURY (Home, for actory, street, office bldg., e) (Co	ounty) (Stote)
	fy that (1) (this hospital) atten	ded the deceased from	2,-13 1	· 48 10:	20 1961	, that (I) (ve) last
	10 9	. //	death accurred at 72			. , , ,
22a. SIGMAT		D and that	death accurred aiz.	M. M. from the co	iuses and on the	22b. DATE
1 4	olu F. Urloc	ap.	M.D. ATTENDING PHYS.	MED. STAF	F	SIGNED
22c. PHYSICI NAME (Type) JOHN P. L	IRLOCK VR	22d. ADDRESS 1227	WASH	BLU	110
23a. BURIAL, CRI	EMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (Ci	ty, town, or county)	(Stote)
PEMOVAL A	1AL 10-24-61	WESTE	RN	BALT.	MORE	Md
	ECTOR'S SIGNATURE PUNE PA	HADDRESS . A		C'D BY REGISTRAR	25b. REGISTRAR'S SIGN	NATURE
17 rami	wormiller 216,	Frederick !	are DATEC	T 2 4 '61	arthur 8. H	intelli

haurs after death. Page 4 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 haurs after death. GITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with 101 VR A15 (4) 1SM 9/59

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove cabon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deather. VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 11096

a. COUNTY BOOK STATE NO COUNTY	institution: Rasidance before admission)
Baltimore Maryland Maryland	VITY .
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write	e RURAL end give nearest town)
write RURAL end give nearest town) TOWSON Baltimore	3101-4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS	IS RESIDENCE
	ON A FARM? YES NO
Presbyterian Home 4028 Falls Road 3. NAME OF First Middle Last 4. DATE Mont	
DECEASED OF	
00	tober 9, 19 61 [IF UNDER 1 YEAR] IF UNDER 24 HRS.
MARKIED NEVER MARKIED (1) Nath Jack Dirthday)	Months Days Hours Min.
	110 CITIZEN OF WILLT COUNTRY
10a. USUAL OCCUPATION (Giva kind of work dona during most of working life, even if ratired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None Pennsylvania	
13. FATHER'S NAME	
Daniel B. Hendrix Mary Agnes Fulton	
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) (Ifyesgive war or detes of service)	
No Mrs. T.E. Elliott, Presh	oyterian Home
18. CAUSE OF DEATH [Enter only ona causa per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage	10 min
DUE TO	
Conditions, if any, which (b) Cerebral Arteriosclerosis	years
gave risa to immediata cause	
(a), steting the underlying cause lest. Generalized Arteriosclerosis	years
17	EN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE Carcinoma of the breast 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Port I or Port II of item 18.)	YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter netura of injury in Pert I or Pert II of item 18.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
Continue of the property of	(County) (State)
20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or lown) 4 work 20f. (City or lown) 20f. (City	
20c. TIME OF INJURY Month, Day, Yeer Hour e.m. p.m. 19 20d. INJURY OCCURRED While Not While et work at work 21. I certify that (I) (INJURY Month) attended the deceased fromJanuary	r9., 1961., that (I) (year last
20c. TIME OF INJURY Month, Day, Yeer Hour e.m. 19 20d. INJURY OCCURRED At work 19 19 20d. INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or lown) factory, street, office bldg., etc.) 20f. (City or lown) 4 19 19 19 19 19 19 19 19 19 19 19 19 19	c9, 1961., that (I) (yes) last and on the date stated above.
20c. TIME OF INJURY Month, Day, Yeer While Not While et work 19 attended the deceased from	r9, 1961., that (I) (yes) last and on the date stated above. 22b. DATE SIGNED
20c. TIME OF INJURY Month, Day, Yeer While Not While of work 19 at work 21. I certify that (I) (throughout 19 at work 19 at work 19 at work 19 at work 22a. SIGNATURE 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) fectory, street, office bldg., etc.) 21. I certify that (I) (throughout 19 at work	r9, 1961., that (I) (yes) last and on the date stated above. 22b. DATE SIGNED Oct 10, 196
20c. TIME OF INJURY Month, Day, Yeer While Not While et work 19 work 1	r9, 1%1., that (I) (well last and on the date stated above. 22b. DATE SIGNED Oct 10, 196 1timore 12, Md
20c. TIME OF INJURY Month, Day, Yeer Phour e.m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or lown) 20f.	r9, 1961., that (I) (well last and on the date stated above. 22b. DATE SIGNED Oct 10, 196 ltimore 12, Md wn or county) (State)
20c. TIME OF INJURY Month, Day, Yeer While Not While at work 20. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 21. I certify that (I) (the control of the deceased from January 1958, to October saw the deceased alive on October 5, 19.61, and that death occured at 9.3 1.4, prom the causes 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) S.J. Venable, Jr. M.D. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, to Control of the control	r9, 1961., that (I) (we last and on the date stated above. 22b. DATE SIGNED Oct 10, 196 ltimore 12, Md wn or county) (State) vn, Penna.

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William Landing

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VS A15 (4) 15M 9/5B

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death certificate be executed with 4 haurs after death. Page 4	attending physician and campletely filled in by the funeral director,
cuted wit	campletely fille
rtificate be exe	physician and o
death ce	attending

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 11107

Reg. Dist. No. 11097

	and the other later late						
1. PLACE OF DEATH a. COUNTY Baltin	nore	MARYLAN	2. USUAL RESIDENCE (o. STATE Marylan	Where deceased lived	L COLINITY	esidence before od	nission)
b. CITY OR TOWN RURAL ond give Baltin		vrite c. LENGTH OF STAY IN 1	Bal timo	If outside corporate li	mits, write RURAL	ond give nearest t	own)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give	street oddress)	d. STREET ADDRESS 5808 We	stwood Ave	€.	10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Ernestine	W. Herauf	(Reinhardt)	4. DATE OF DEATH	Month October	8	Year 19 61
5. SEX Female		MARRIED NEVER MARRIED DIVORCED		9. AC las	t birthday) Mar	NDER I YEAR IF UI	
Housewife	orking life, even if retired)	10b. KIND OF BUSINESS OR IN	Stettin-		12	U.S.A.	AT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN				
Franz Loe				e Zastrow			
(Yes, no. or unknown)	(If yes, give war or dates of service		wen E. Termol	lan Jr. 58	Address Nestw	rood Ave.	
Conditions, if gave rise to couse (o), stoting lying couse lost	g the <u>under-</u> DUE TO	trymon	Co of Ston	nch		7	
CATIC		ONS CONTRIBUTING TO DEATH				PE	REORMED?
20a. ACCIDENT WOR CONTRIBUTIN	VAS UNDERLYING ☐ 206 IG ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter noture of injury	in Port I or Port II of	item 1B.)		
20c. TIME OF INJU Haur o. m. p. m.	. 10	20d. INJURY OCCURRED While Not while at work at work	PLACE OF INJURY (Home, for factory, street, affice bldg.,	arm, 20f. (City or to	wn)	(County)	(State
21. I certify alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the de		ath occurred at	-1	causes and or	l last saw the	
22a. BURIAL, CREMATI REMOVAL (Specif BURIAL) 23. FUNERAL DIRECTO	10-11-61	Jerusalem	Luth. Cem.	Baltimo		id.	State)
Zassaly	TRUN'S HOM	18 7401 13 dt	DATE DATE	OCT 1 0 61	24b. REGISTRAR	un S. Frank	

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

11108

11099

1		COUNTY	MARYLAND	2. USUAL RESIDENCE (Who	here deceased lived. If institution: Reside b. COUNTY	ence before admission)	
1		Raltimore		MAKYL	AND	V	
	ŀ	RURAL and give nearest town) Mt. Wilson, Maryland	3 years 9 MO	BALTINOI	Putside corporate limits, write RURAL and	give nearest town)	
		J. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION		d. STREET ADDRESS	STORES	e. IS RESIDENCE ON A FARM?	
?	1	Mt. Wilson State Hospita	1	17010111	YSON STREE!	YES NO	
	1	NAME OF First DECEASED Type or print)	Middle ELSNORTH	HILTNER	4. DATE Month OF DEATH OCHORER	Day Year 3/ 196/	
/	5. S	EX 6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED	8. DATE OF BIRTH		R 1 YEAR IF UNDER 24 HRS.	
	1	MALE WHITE WIDOWE	1	4.6. 1889	lost birthdoy) Months	Doys Hours Min.	
	10a.	USUAL OCCUPATION (Give kind of work done 10bduring most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote	or foreign country) 12.CI	TIZEN OF WHAT COUNTRY?	
			USE PLASTERIN	G RAI FIMO	RE MADY AND 6	154	
	13.	FATHER'S NAME	7 7 7010	14. MOTHER'S MAIDEN N	IAME		
	1	HENRY HILTNER		EMMA +	HISEY		
	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT	Address		
	(163	no or upknown) [If yes, give wor or dates of service]	17-07-244/ Ho	spital Record	ls. Mt. Wilson Stat	e Hospital	
		18. CAUSE OF DEATH [Enter only one couse per lin	ne for (o), (b), and (c).]	n		INTERVAL BETWEEN	
		PART I. DEATH WAS CAUSED BY:	Longry o	celusion		ONSET AND DEATH	
		DUE TO A	+ . 10.	+. 1	+ 1:	13	
		Conditions, if ony, which)	lorgo scill	role hes	er dislage	4 Ular	
	-	gove rise to immediate DUE TO					
		lying couse lost.					
	z	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PA	RT 1(o) 19. WAS AUTOPSY	
	FICATION	tar advanced	hulmo.	mary to	iberculosi	PERFORMED? YES NO	
	CERTIF	200. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIFE HOW INJURY OCCURRED	D. (Enter noture of injury in F	Port I or Port II of item 18.)	02 V	
0				ACT OF HARMAN ALL	Toor sets	- N	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 White of world by the control of the control	Not while foo	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.		(County) (Stote)	
		21. I certify that (I) (this haspital) attended the deceased fram. JANUARY 16 1958, to October 3/. 196/, that (I) (we) last					
		saw the deceased alive an Corn 3	196/, and that d	eath accurred at 40	M, fram the causes and an th		
		22o. SIGNATURE			1	22b. DATE SIGNED	
		Murcmer	Table of the second	M.D. PHYS.	ED. STAFF PHYS.	10/3//	
	5	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		776	
			perintendent	Mt. Wilson	State Hospital, M	t. Wilson, Md.	
	23o	BURIAL CREMATION. 23b. DATE THEREOF 11-3-61	23c NAME OF CEMETERY OF Western Ceme		23d. LOCATION (City, town, or county) Baltimore	(Stote)	
1	_						
1	Wm	Cook-Towson, Inc., 105	O York Road, T		D BY REGISTRAR 2Sb. REGISTRAR'S S	S. Kraves	

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MARYLAND STATE DEPARTMENT OF HEALTH

	MARIEAND SIAIL	DEPARIMENT C	1 116/4 111	
DIVISION OF STATISTIC	AL RESEARCH AND RECOR	DS, 301 W. PRESTO	ON STREET, BALTIMO	RE 1, MARYLANI
11109	AL RESEARCH AND RECOR	TE OF DEAT	H	1110

1		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)							
	1	Baltimorus 28, Maryland	o. STATE Maryland b. COUNTY Baltimore							
		b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)							
		Baltimore - 28 Oct.24.1960	3857 Forest Park Ave.							
2	1.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS o. IS RESIDENCE							
H	L	Spring Grove State Hospital	Baltimore - 16, Md. ON A FARM? YES □ NO ※							
		NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Yeer OF							
		(Type or print) Rose HIRSO								
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.							
		F W WIDOWED A DIVORCED	1880 SQ. yrs. Months Deys Hours Min.							
	10a do	USUAL OCCUPATION (Give kind of work and uring most of working life, even if retired)								
		Housewife none	Russia U.S.							
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
		unknown	unknown							
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT sister: Address Baltimore - 7							
			s. Marie STOLBERG - 3901 Forest Park Ave.							
		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH							
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Arteriosclerotic H								
		DUE TO								
		Conditions, if env, which gave rise to immediate ceuse (b) Generalized Arter	iosclerosis, severe							
		(a), steting the underlying DUE TO								
		ceusa last. (c)								
	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?							
-	CAT	Undernourishme	n t							
3	CERTIFICATION	208. ACCIDENT WAS UNDERLYING [206. DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury In Pert I or Pert II of item 1B.)							
	CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) n o n e								
	MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)							
	VEDI	Hour a.m. While Not While tector	ry, street, office bldg., etc.)							
		7								
		21. I certify that (I) (this hospital) ettended the deceased from Oct 24:								
		22a. SIGNATURE	22b. DATE							
		I Imologues	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.							
		22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS Spring Grove State Hospital							
		Imre KOPITS, M.D.	Baltimore - 28 (Gatonsville), Md.							
	234	BURIAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY C	at MI							
	1	Luxual 10-4-61 Hebrew you	ing men Batto Ma							
*	24	FUNERAL DIRECTOR'S SIGNATURE LADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							
-	De	ack sews me 2100 Eutaw The	DATESCT 5 101							
1	=	•	Ul 5 181 arthur S. Kraus							

TO SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be explicitly within 24 hours after a page 4 may be retained by the hospital or attending physician.

Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon, pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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HEALTH DEPT.

please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board-of-Health, or its designated agent, prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	11:	110 MED	CAL	EXAMINE	R'S	CERTIFICA	TE OF	DEATH		1110	1
	PLACE OF DEATH	1				2. USUAL RESIDE	NCE (Whare	daceased livad, If	institution: Re	sidance before	a dmission
	Baltimore			MARYL	CIVE	a. STATE Marvland		b, cou			
	b. CITY OR TOWN (in	f outside corporata limit	\$,	c. LENGTH OF STAY		c. CITY OR TOWN	(If outside c		timore a RURAL and	give naarast tov	wn)
De		give naarast town)	41	70			10	X			
De	Itimore b	AL OR INSTITUTION (I	f not In hosp	10 yrs	s)	Baltimore d. STREET ADDRESS	503			1 e. 15 R	ESIDENCE
2		load, Balto	10			290 Ridge		1		ON	A FARM?
3.	NAME OF DECEASED	First		Middla		Last	4. DAT	E Mont	h	Day Yes	r
	(Type or print)	FREDER	ICK			HOFFMAN	DEA	TH 10	1/1	196	1
5.	SEX	6. COLOR OR RACE	7. MARRIEL	NEVER MARRIED	1 8	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 Y		R 24 HRS.
M	iale	White	WIDOWED			1-18-1891		70 yrs.	Months D	ys Hours	Min.
10a	. USUAL OCCUPATI	ON (Give kind of work		ND OF BUSINESS OR II	NDUSTI	RY 11. BIRTHPLACE (Stet	a or foreign	country)	12. CITIZ	EN OF WHAT	COUNTRY
	varpe	king life, evan if retired enter	Ca	arpenter		North Da		Ser. U.S.	U	SA	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN					
	Joh	n Hoffman				Unknow	m				
15.	WAS DECEASED EVE	R IN U.S. ARMED FOR	fenium	SOCIAL SECURITY NO.	17.	INFORMANT		Addres			
,,,	No	yesgive war or dates of se	21	7-07-5187	Mr	s Lottie Hof	man	290 Rid	ge Roa	d	
	18. CAUSE OF D	EATH [Entar only one	cause par li	ne for (a), (b), and (c).	I					INTERVAL BE	
		MAS CAUSED BY:	Ant	erioscleroi	tie	cardiovascu!	lar di	sease		ONSET AND	DEATH
	422.	DUE TO									
	Conditions, if any	11.12									
	gava rise to immadia	ite causa									
	(a), stating the un	darlying								Dog-100	
7	causa last.	SIGNIFICANT CONDIT	IONS CON	TRIBUTING TO DEATH	BLIT NO	OT RELATED TO THE TERM	INIAL DISEAS	E CONDITION GI	ZENI INI DADT 1	(a) 10 WAS	ALITOREY
CERTIFICATION	PARI II. OTHER	SIGNIFICANT CONDIT	IONS CON	INBUTING TO DEATH	BOT NC	DI KELATED TO THE TERM	INAL DISEAS	SE CONDITION GI	FEN IN PART I		DRMED?
S										YES X	NO 4
RTIF	20a. EXTERNAL CA PRIMARY or COL		b. DESCRI	BE HOW INJURY OCCU	URED. (Enter nature of Injury in Pa	ort I or Part II	of itam 18.)			
	CAUSE OF DEATH.										
MEDICAL	20c. TIME OF INJUI	RY Month, Day, Yea	r 20d. II Whila			CE OF INJURY (Homa, far		City or town)	(Count	у)	(Slata)
MED	Hour a.m.	19		Not While							
	21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry , and in my opinion										
	death resulted fr	om: Natural cau	uses X	Accident ,	Suic	ide . Homicide	П	Indetermined n	nanner		
-	CHIEF MEDICAL EXAMINER										
	ACTUAL	Namo	V KI	Maril	-	ASSISTANT ME	DICAL EXAM	INFR X		DATE SIG	NED
	SIGNATURE	100000	1	Janan		M.D. DEPUTY MEDICA				10-1	
	EXAMINER'S NAME (Type)	Howard G.	Shaul	M.D.						20 2	+
22a	BURIAL, CREMATIO			22c. NAME OF CEMET	ERY O	Address (Streat, R CREMATORY		ATION (City, town	, or country)	(Stat	ta)
	REMOVAL (Spacify) Burial									2.6	
23	FUNERAL DIRECTOR	10-17-190	ا مدن	Gardens of	га		C'D BY REGI	Imore	ISTRAR'S SIG	Md.	
4		1 1	-		0		OCT 1	7 104			
de	assahnid	in eval Hor	207	401 Belain	1	TOO DATE			arthur 2	. Thank	

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Section SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be expected within 24 hours after the death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1111

CERTIFICATE OF DEATH

11102

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
a. COUNTY	a. STATE Md b. COUNTY B- 1+
Baltimore MARYLAND /b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	X
Parkville	d. STREET ADDRESS VILLE O. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
1810 Berrywood Rd.	8813 Victory Ave. YES NO IX
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) Donothy	Hoopes DEATH Oct. 1. 19 61
	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS.
	10-9-1909 lest birthday Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST	
dona during most of working life, even if retired)	As I I STATE OF THE COUNTY A STATE OF THE COUNTY)
housewife	Maryland
13. FATHER'S NAME O	14. MOTHER MAIDEN NAME
Charles Seitent	Whilemena Simpson
	INFORMANT Address
(Yes, no, or unkown) (Ifyasgivewarordatesofsarvice)	John A. Hoones 1810 Berrywood Rd
18. CAUSE OF DEATH [Enter only one cause per lipe for (a), (b), and (c).]	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	Internal hemorrhage iominte
1551 DUE TO	0 of 01 ho. 11.
Conditions, if any, which (b) Carchon	of Jan readan 3 monus
gave rise to immediate cause (a), stating the underlying DUE TO	+ + + +
cause last. (c) with let	tensin's Melastasis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	YES T NO DE
0	D. (Enter nature of injury in Part I or Part II of item 18.)
ZDB. ACCIDENT WAS UNDERLYING ☐ 2DB. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING ☐ CAUSE OF DEATH O (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (State)
Hour a.m. While Not While	ctory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	Sept 29, 1961., to
saw the deceased alive on Sup 29 19 61, and that	at death occured at J.A.M., from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE
W Talminano	M.D. PHYS. DIRECTOR PHYS. D
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) J. F. Palmisano, M. D.	6608 Loch Raven Blvd. Balto. 12, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stata)
(REMOVAL (Specify)	0 1 A. I
24 FINIFICAL DIRECTOR'S SIGNATURE ADDRESS	emer emetery Baltimore, Md. 25B. REC'D GY REGISTRAR 25b. REGISTRAR'S SIGNATURE
24 FUNERAL DIRECTOR'S SIGNATURE ADDRÉSS	
	DATECT 3 '61 arthur S. Knows

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11112

CERTIFICATE OF DEATH

L-	****						Kadi Dist. 146	,.
	PLACE OF DEATH o. COUNTY	altimore	MARYLAN	II O STATE	Maryland	ed lived. If institution b. COUNTY		ore admission) timo re
	b. CITY OR TOWN (If outside co RURAL and dive neorest town)	rporote limits, write	c, LENGTH OF STAY IN	11 0 1 .	none 4	orote limits, write RU	RAL and give ne	arest town)
	d. NAME OF HOSPITAL (If not in OR INSTITUTION. 8434 Greenw		ddress)	d. street A 8434	odress Greenway	Road	•	e. IS RESIDENCE ON A FARM? YES NO TO
3.	NAME OF DECEASED (Type or print)	First Edmund (Middle Horton	Los	4. DATE OF DEATH	Octobe	r 5, 196	y Yeor
	male 6. COLOR		ED NEVER MARRIED [DIVORCED [- June 74	, 1891		Months Days	R IF UNDER 24 HRS. Hours Min.
	o. USUAL OCCUPATION (Give kind during most of working life, ever the confect of t	en if retired)	Conf Bus	Bal	timore, 1	ountry) Nd.	12. CITIZEN	OF WHAT COUNTRY?
13.	FATHER'S NAME John W.	Horten			ia Ellingi	haus		
	WAS DECEASED EVER IN U. S. / es. no. or unknown) (If yes pare with 7	ARMED FORCES? 16. S or or dates of service)	18-32-0556	7. INFORMANT Mrs Mary	E. Horte	n 8434 G	" reenway	x Rd.
	18. CAUSE OF DEATH [Enter PART I. DEATH WAS COMMEDIATE AND CONDITIONS of Conditions, if only, which gove rise to immediate couse (a), stating the underlying couse lost.		e for (o), (b), ond (c).] Lr Nerus S	cleratic	Reash	disease.	IXION	IERVAL BETWEEN ISET AND DEATH
CERTIFICATION	PART II. OTHER SIGNIFI	CANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISEAS	SE CONDITION GIVE	N IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO 1
	20g. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E	OF DEATH	RIBE HOW INJURY OCCU	JRRED. (Enter noture o	f injury in Port I or Po	rt II of item 18.)		
MEDICAL	20c. TIME OF INJURY Month, Hour o. m. p. m.	Doy, Year 20d. IN While of work	Not while	PLACE OF INJURY (foctory, street, office	Home, form, 20f. (Cit bldg., etc.)	y or town)	(County	(Stote)
	21. I certify that I atte alive on	nded the decease 3, 19/2		2 4 , 1944 eath occurred at	5 A M, fro		nd on the de	taw the deceased ate stated above. DATE SIGNED 6 Oct 61
22	o. BURIAL, CREMATION, 22b. D. REMOVAL (Specify)	ATE THEREOF	22c. NAME OF CEMETER	RY OR CREMATORY	22d. LOCA	ATION (City, town, or	county)	(Stote)
23.	FUNERAL DIRECTOR'S SIGNATU	9, 1961 RE	ADDRESS Naz	. (emeter	240. REC'D BY REGIS		RAR'S SIGNATU	
	John A. Moran	3000 €	Baltimore!	St.	DATEDCT 1 0 '6	1 auch	WT S. Than	A

Technical by the hospital or attending physician.

Technical by the hospital or attending physician.

To function by the hospital or attending physician.

To function and campletely mind in by the funeral director, to function by the funeral director, and the hospital by the funeral director, and the hospital by the funeral director, and the hospital by the funeral director, and the filed with the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death.

PITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed with

24 hours after death; Page 4

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SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be entered within 24 hours after the law requires that the death certificate be the hospital or attending physician. Year and the second of the law in the second of the law reduced by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11113 CERTIFICATE OF DEATH

11104

	I. PLACE OF DEATH	2. USUAL RESIDENCE (Whera deceesed lived, If Institution: Resident	e before admission)						
	a. COUNTY Reltimore MARYLAND	e. STATE b. COUNTY	21.022						
-	Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and give							
	write RURAL and give nearest town)								
	Catonsville lyrl0mthl6dys	Catonsville, Maryland							
71	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	IS RESIDENCE ON A FARM?						
	SPRING GROVE STATE HOSPITAL	235 Bloomsbury Avenue	YES NO						
-	3. NAME OF First Middle	Last 4. DATE Month Dey	Year						
	(Type or print) Sarah E. (Bessie)	ullett DEATH Oct. 24	19 61						
-		DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR	IF UNDER 24 HRS.						
		lest birthdey) Months Devs	Hours Min.						
	female white widowed DIVORCED	May 26, 1879 82 yrs.							
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN O	F WHAT COUNTRY?						
-1	housewife	Maryland U. S	. A.						
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
1	UNKNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	unk nown NFORMANT Address							
П	(Yes, no, or unkown) (Ifyesgivewerordalesofservice)	MFORMANIE Addiess							
	unknown unknown Rec	ords: SPRING GROVE STATE HOSPI'	The state of the s						
	18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]		ERVAL BETWEEN						
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) 1'prebio VUSC	ulas accident	Ldan						
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Corebyo Vuscular accident Conditions, if any, which (b) Conditions, if any, which (b)								
	Due to Carrie Facely son								
	Conditions, if any, which gave rise to immediate cause								
1	(a), steting the underlying DUE TO								
1	ceuse lest. (c)								
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	9. WAS AUTOPSY PERFORMED?						
1			YES NO						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. ACCIDENT WAS UNDERLYING OP CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter neture of injury in Part I or Pert II of item 18.)							
	OP CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)								
		CE OF INJURY (Home, ferm, 20f. (City or town) (County)	(State)						
1		ory, street, office bldg., etc.)	(Siale)						
١			The Control of						
1	21. I certify that (X (this hospital) attended the deceased from Dec. 1 1959 to Oct 21, 1961, that NO (we) last								
1	saw the deceased alive onOct24, 1961, and that death occurred at								
ı	22e. SIGNATURE 22b. DATE								
1	(- 00 //2 / 0 0	D. PHYS. MED. STAFF	SIGNED						
١	22c. PHYSICIAN'S		TT OCT						
ł	NAME (Type) Stella Wachsler, M. D.	SPILING GROVE STATE	HOSP.						
I.		Catonsville 28, Mary							
ľ	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY ((Stete)						
	BURIAL 10-27-61 Western Beme	etery Baltimore							
1	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNA	TURE						
	Wm. Cook, Inc., 1217 St. Paul Street	DATE OCT 27'61 Outling 2. H	auA						
1.	The state of the s	DAIL , TO	Manager,						

Sarah E. (Blasie)

RIDI E 10-27-61 Genet ry

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE ON A FARM?

Day

22

United States

INTERVAL BETWEEN ONSET AND DEATH

48 hours

PERFORMED? YES NO

(State)

Days

(County)

Towson 4.Md.

(Stote)

YES NO

Year

19 61

certificote requires that the death

	STANGATE OF DIATE	* ************************************
		CONTRACTOR
	Office to a line of the	
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A Charles Name 1		
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	AND THE RESERVE AND ADDRESS OF THE PARTY OF	

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived, If institution, Residence before admission) a. COUNTY b. COUNTY Baltimore Maryland by the MARYLAND death b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) þ writa RURAL and giva naarast town) h days Baltimore filled in Pages 1 Fort Howard d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE d. STREET ADDRESS ON A FARM? 2549 McCulloh Street YES NO Veterans Administration Hospital completely papers. NAME OF 4. DATE Year 72 DECEASED OF DEATH 28 (Typa or print) 19 67 N. JACKSON October FRANK within carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. last birthday) and Days Months Hours DIVORCED TO event. Male Negro WIDOWED February physician 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? remove 1Db. KIND OF BUSINESS OR INDUSTRY dona during most of working life, even if ratired) Baltimore, Maryland U.S.A. Shipping Clerk Dress Factory 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please .= attending Bertha Jackson and William Jackson Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Clinical Records VAH. Baltimore. or removal, (Yas, no, or unkown) | (Ifyes giva war or datas of servica) - Ft. Howard Division Maryland certificate has been signed by the permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MONTHS CEREBRAL THROMBOSIS IMMEDIATE CAUSE (a) the burial-transit **DUE TO** attending ARTERTOSCLEROSIS GENERALIZED Conditions, if any, which (b) gava risa to immediata causa DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY hospital as to PERFORMED? NO X use prior 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of itam 18.) 4 may be retained by the h. DIRECTOR: After this c. 3 should be detached for OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached for the MEDICAL 20d. INJURY OCCURRED | 2Da. PLACE OF INJURY (Home, farm,) (Stata) 20c. TIME OF INJURY Month, Day, Year 2Df. (City or town) (County) factory, straet, offica bldg., atc.) Not Whila Hour a.m. jo at work at work 21. I certify that (this hospital) attended the deceased from... October... 21, 19... 61 to October... 28, 1961., that (1) (we) last State D saw the deceased alive on October 28 19.61., and that death occured at 1.00PM on the causes and on the date stated above. 22b. DATE 22a. SIGNATURE STAFF SIGNED ATTENDING DIRECTOR PHYS. PHYS. M.D. FUNERAL page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type LAWRENCE RUBIN, M.D. VAH, BALTO, MD. FT HOWARD DIVISION director, l 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) 23a, BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL TO NATIONAL 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATUR VR A15 (4) 15M 9/60 Home, 2222 W. Baltimor. Md.

MARYLAND STATE DEPARTMENT OF HEALTH

24 hours after

Journil I. midukunnarul ikua, 2022 I. Korto Kra,

FOR STATE TO DESCUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. To delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1111 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

A CA A MEDICAL	EV A MINED'C	CEDTIEICATE	OF	DEATH	
1111 MEDICAL	EXAMINER 3	CERTIFICATE	UL	DEAIR	

PLACE OF DEATH COUNTY				itution: Residence before admission)
Baltimore	MARYLAND	a. STATE Mar	yland b. COUNTY	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outsida corporate limits, write RU	JRAL end give neerest town)
Fort Howard	1 Hour	Baltimore	e	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	spitel, give street address)	d. STREET ADDRESS		a. IS RESIDENCE
D Waterson Administration Wa	enihal	2021. 134	- 1	ON A FARM?
Veterans Administration Ho	Widdle	2924 Rigg	S Avenue Month	Dey Yaer
DECEASED	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	64.51	OF	1881
(Type or print) Fred	que ten	Jackson	DEATH October	19 19 61
5. SEX 6. COLOR OR RACE 7. MARRIE	ED NEVER MARRIED 8	DATE OF BIRTH	1	UNDER 1 YEAR IF UNDER 24 HRS.
Male Negro WIDOW	DIVORCED AT	ril 7. 1895	66 yrs.	onths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. K	IND OF BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY?
dona during most of working life, even if retired) Laborer - Retired	Thomstool Common	- W1- C-	G- G	77 67 4
13. FATHER'S NAME	hemical Compan	y iork co.,	So. Carolina	U.S.A.
13. PAIRER S NAME		14. MOTHER'S MAIDEN	NAME	
KREENER Major Jackson		Unknown .Ta	nnie Williams	
	SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
	6-22-3073 Cl	in Rec VAH	Doll trimone Md I	Tt Howard Division
18. CAUSE OF DEATH [Enter only one cause par		LIL REC VAIT	Dal Whore Mu - 1	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:				ONSET AND DEATH
IMMEDIATE CAUSE (a)	eptice mi	<i>I</i> -		1-11
DUE TO		1 11		11.1
Conditions, If eny, which (b)	eri rectal	alreas.	7	7 clans
geve rise to immediate cause				
(a), stating the underlying				
(C)	STRIBUTING TO DEATH BUT NO	T DELATED TO THE TERMIN	IAI DISEASE CONDITION CIVEN	IN PART YOU TO WAS AUTORSY
PART II. OTHER SIGNIFICANT CONDITIONS COI	TIKIDO III O TO DEATH BOT NO	I KELATED TO THE TERMIN	TAL DISEASE CONDITION GIVEN	PERFORMED?
131				YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	IBE HOW INJURY OCCURED. (E	nter nature of Injury in Par	t I or Part II of item 18.)	
CAUSE OF DEATH.				
3 20c, TIME OF INJURY Month, Day, Year 20d.	INJURY OCCURRED 20e, PLA	CE OF INJURY (Homa, farm	, 20f. (City or town)	(County) (State)
Hour a.m. While	aNot While factor	ory, streat, offica bldg., atc.		(5.5.0)
p.m. 19 at wor	rk at work		1	
21. I certify that I took charge of the ren	nains described above, he	ld an Autopsy,	Inspection Inquiry	and in my opinion
death resulted from: Natural causes	, Accident , Suici	de , Homicide	, Undetermined mani	ner
1 // //	11 00	CHIEF MEDICAL I	EXAMINER [
ACTUAL DIE	Mallein	ACCICTANT MED		DATE SIGNED
SIGNATURE	Le com.	M.D.		DATE SIGNED
EXAMINER'S		DEPUTY MEDICAL	EXAMINER	16-19-11
NAME (Type) Jack C. Collins			city, town, or county)	10 1101
22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Spacify)	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town, or	country) (Stata)
Burial , 10-22-61	Baltimore Nat	ional Cem-	Baltimore 28.	Maryland
	Carfoliton Aven		D BY REGISTRAR 246. REGISTE	
Company of the state of the sta			T 0 4 101	or S. House
Charles G. Cooper Balti	Imore Maryland	DATEGE	124'61 Circh	D. 100

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TO SPITAL OR ALTENDING PHYSICIAN: The law requires that the death certificate be expected within 24 hours after the page 4 may be retained by the hospital or attending physician. S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1117

CERTIFICATE OF DEATH

11102

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1111 100
AC DESIDENCE
a. IS RESIDENCE ON A FARM?
YES NO
Day Yaer / 19 6 /
YEAR IF UNDER 24 HRS.
Days Hours Min.
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ONSET AND PEATH
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1(a) 19. WAS AUTOPSY
PERFORMED?
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nty) (Stata)
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he date stated above
22b. DATE
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(Stata)
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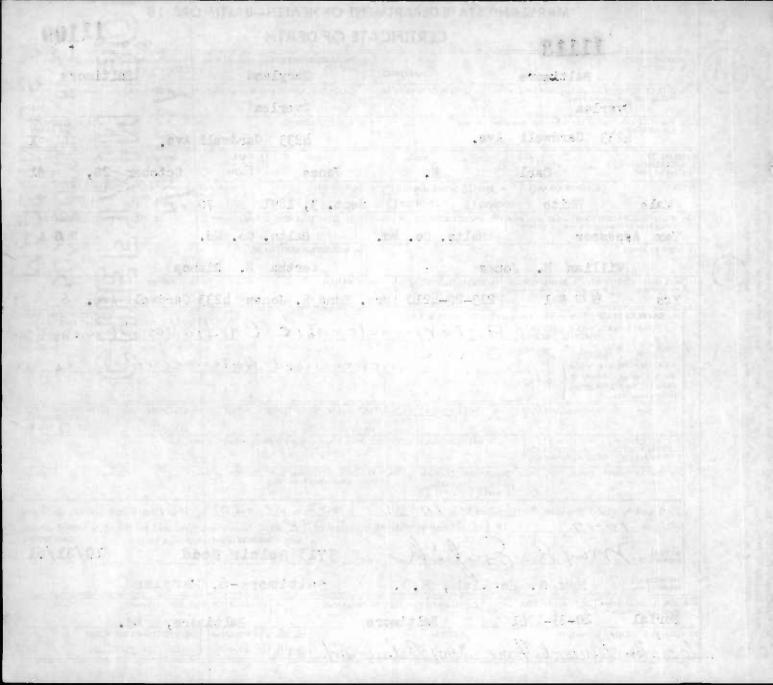
n 8 8. 4 9 'parint Coulded The meller. April De La Charle & Commerce Start of William Parties of Theorem. 10/21 (c/2) (c/2) Eller White was

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1110	CERTIFICATE OF	DEATH
119	CERTIFICATE OF	DLAII

11109

				Keg. Dist. No.
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (WI	h COLINITY	ion: Residence befare admission) Bal timore
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Overlea	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside carporote limits, write R	RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION 4233 Cardwell Ave		d. STREET ADDRESS	Cardwell Ave.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Carl	Middle	Jones	4. DATE Mar OF DEATH OCT	tober 20, 1961
5. SEX 6. COLOR OR RACE 7. MARRII WIDOWEL	DIVORCED	B. DATE OF BIRTH Sept. 3, 189	9. AGE (In years lost birthday) 70 yrs.	Months Days Haurs Min.
	IND OF BUSINESS OR INDUS	Balto	. Co. Md.	12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN I		
William H. Jones		Berths		Crat. St. a
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes W W # 1. 21		nformant s. Edna E. Jo	nes 4233 Card	well Ave. 6
Conditions, if any, which gave rise to immediate cause (a), stating the <u>under-lying cause last.</u>	sease go	eneralized	Arteriosc	leroses (1
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	linal disease condition giv	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter nature af injury in	Part I or Part II of item 1B.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN. Haur a. m. p. m. 19 While of work	Not while fac	ACE OF INJURY (Home, form tary, street, office bldg., etc	n, 20f. (City or town)	(Caunty) (State
21. I certify that I attended the decease alive an 10-19 , 19 6 ACTUAL SIGNATURE MAY R.		accurred at 520 p		(that I last saw the deceased and the date stated abave state) DATE SIGNED 10/21/61
PHYSICIAN'S Max R. Engl	ish, M.D.	Baltin	more-6, Mary	land
220. BURIAL, CREMATION, REMOVAL (Specify) 10-23-1961.	22c. NAME OF CEMETERY O		22d. LOCATION (City, town, Baltimore.	ar caunty) (State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 7401 Bolan	24a. REC'	D BY REGISTRAR 246. REGI	ISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11119 CERTIFICATE OF DEATH

11110

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where daceased livad, If institution: Rasidanca bafora edmission)
e. COUNTY R	e. STATEC b. COUNTY
b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1	
write RURAL and give neerest lown	c. CITI OK TOWN (if outside corporate limits, write KOKAL and give hearest town)
I atonsville	Wordlawn
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
Shady nook low. Hom	2001 N. Rolling Rd YES NO
3. NAME OF First Middla	Last 4. DATE Month Dey Yeer
(Type or print) TENNIE LEE KAL	B DEATH Oct. 28 196/
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
7 WHOWED DIVORCED	3/31/76 85 yrs.
1Da. USUAL OCCUPATION (Give kind of work dona during most of working life, even if ratirad)	JSTRY 11. BIRTHPLACE (County & Stata, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
11- 4. 11	md. U.S.a.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
11 11 1	5 7 11
James Moore	marlin How
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	7. INFORMANT Address
(ii) yes give wal of dates of salvica)	8 Amil a. 15,06
1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
DART I DEATH WAS CALIFED BY	ONSET AND DEATH
IMMEDIATE CAUSE (a) Arteriosclerotic	Cardio-vascular Disease 5 yrs
1422.1 DUE TO	
Conditions, if any, which (b)	
gave rise to immadiate causa	
(e), stating the underlying DUE TO	
cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
) III	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20 20a, ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING 2Db. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING 2Db. DESCRIBE HOW INJURY OCCU	JRED. (Enter natura of Injury in Part I or Part II of Item 1B.)
OR CONTRIBUTING CAUSE OF DEATH	
0 200 11110 07 11110 11110 11110 11110 11110 11110 11110 11110 11110 11110 11110 11110 11110 11110 11110 11110	PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Steta) factory, streat, office bldg., atc.)
Hour e.m. Not While Not While at work	raciory, smaar, office study, etc./
	Cont 10.57 Oats 10.67 (1) (m)
	Sept. , 19.51, to Oct. , 19.61 that (I) (I) loss
saw the deceased alive on Oct 26 19.61, and t	that death occured at LA.M, from the causes and on the date stated above.
228. SIGNATURE	ATTENDING MED. STAFF SIGNED
MAN Paral	M.D. PHYS. DIRECTOR PHYS. 10/29/61
22c. PHYSICIANS	22d. ADDRESS 1 Mallow Hill Ave.
NAME (Mar Leo J. Gaver, M.D.	
CHANGE OF MATERIAL CONTRACTOR OF STREET	RY OR CREMATORY 23d, LOCATION (City, town or county) (Steta)
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE	KI OK CKEMATOKI 23d. LOCATION (City, fown of county) (STeta)
2510 Mal Oct. 31,1961 John	ine salti lo mo
24 EUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
& Mue mult + Son 28	DATE HOV 1 '61 arthur S. Kraus

perfact or attending physician. The law requires that the death certificate be experienced within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours afterdeath.

TO FUNERAL TO VR A15 (4) 1SM 9/60

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within 24 hours after

PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ex

TO

MARYLAND STATE DEPARTMENT OF HEALTH

of statistical research and records, 301 w. preston street, Baltimore 1, Maryland 11120 CERTIFICATE OF DEATH 11111

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. STATE b. COUNTY
Baltimore MARYLAND	Maryland Baltimore
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give neerest town)	
Towson Byears 9 Mo	s. Baltimore, Maryland
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Towson Convalescent Home	707 Regester Avenue
3. NAME OF First Middle DECEASED (Type or print) Anna F.	Kamps A. DATE Month Day Yeer OF DEATH October 21. 1961
	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	last birthdey) Monthel Days Hours I Min
I dilate of with or	December 2,1878 82 yrs. Wolf 1975
10e. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retirad)	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Sales Clerk Retail Sales	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Gerrit Kamps	Elise Soth
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	
(Yas, no, or unkown) (Ifyes give werordetes of service)	
No F.	Kamps, 707 Regester Ave., Balto., Md.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c)]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ardiae Mariae	ure
O DUE TO	A
Conditions, if eny, which gave rise to immediate causa	www.
(a), steting the underlying DUE TO	
ceuse lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	YES NO THE
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURE	ED. (Enter neture of injury in Pert I or Pert II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH	
	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. 9 While Not While twork et work	telott, sneet, once brogs, sterl
	10 19 60 to Oct 24, 1961, that (1) (was last
21. I certify that (I) (this hospital) attended the deceased from	
	at death occured at 2
22a SIGNATURE	ATTENDING MED. STAFF 10/24/6/22b. DATE SIGNED
Laurence. Hours	M.D. PHYS. DIRECTOR PHYS.
Z2c. PHYSICIAN'S	22d. ADDRESS
MAME (Type) LAURENCE L. 105	6801 YORKKA DUTINOTED IKA
1 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY V23d, LOCATION (City, town or county) (Steta)
REMOVAL (Specify)	D-31 G 36 3 3
Burial 10/26/1961 Dulaney Va	lley Mem. Gardens Balto. Co., Maryland
24 FUNERAL DIRECTOR'S SIGNATURE H.W. Jenkins & Sons Co. 4905 York	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE OCT 2 4 '61

TIME SELL, HEATHER TO BE MADE E edge a morgayed Nove to the Market Shell Jacob Care and American TO LOUIS COLUMN THE STATE OF TH E 26 May N. E. . Free Soul Line F. Seller, And Results of the selection NACH PROPERTY. A COUNTY OF THE PARTY OF THE PA H.W. Jenkins & Sons Cr. 4-40- 10-7 Rd.

DtVIStC	MAKTLAND STATE DEPAKTMENT OF HEALTH ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAI
1121	CERTIFICATE OF DEATH
	2 USUAL RESIDENCE (Where deceased liv

11112

, PLACE OF DEATH	1121				OF DEA							
o. COUNTY Baltimor	re		MARYLAND		usual RESIDENCE o. STATE Maryland		eased live	b. COUNTY	on: Reside		re admiss	ion)
b. CITY OR TOWN (If o RURAL ond give neon Dundalk	utside corporate lim est town)	its, write	c. LENGTH OF STAY IN 18	X	c. CITY OR TOWN	•	corporate	limits, write R	RURAL and	give ne	arest town	1)
d. NAME OF HOSPITAL OR INSTITUTION 3468 Dung		give street o		1	d. STREET ADDRES		d.					IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Jean Fi	Y.	Middle Kapcsos		Last	4. DA		Mon	ober	De		Year 1961
Female	. COLOR OR RACE White	7. MARRI WIDOWEI	ED NEVER MARRIED DIVORCED DIVORCED		arch 14.	1921	le	GE (In years ost birthday)	7		Hours	R 24 H Min
00. USUAL OCCUPATION during most of working at home	(Give kind of work g life, even if retired	done 10b. k	CIND OF BUSINESS OR INC			tote or fare	gn countr	7)		TIZENO	WHAT	OUNTR
3. FATHER'S NAME Jesse Fla	ir			14	. MOTHER'S MAID	EN NAME	men					
S. WAS DECEASED EVER I				INFOR				Add		D- 74	- 00	. M
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haurs after death. Page 4 TO HO WITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within haurs after death. Page 4 more rebained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the State Baard af Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death. VR A15 (4) 15M 9/59

SILL Overic Myclogorens denternie

MARYLAND STATE DEPARTMENT OF HEALTH

LAND

DIVISION	OF STATISTICAL	RESEARCH AND RECORDS,	301 W	. PRESTON	STREET, BALTIMORE	I, MARY
	11122	CERTIFICATI	OF	DEATH		1

	11122		CERTIFICA	TE OF DEATH	1	1	1113
a. COUNTY	н	,36		2. USUAL RESIDER	ICE (Where deceased lived		nce before admiss
a. COUNTY	Baltimore		MARYLAN	a. STATE	land b. co	YTMUC	
b. CITY OR TOWN	(if outside corporete lim	its,	c. LENGTH OF STAY IN		(If outside corporete limits, v	write RURAL and give	neerest town)
write RURAL er	d give neerest town)				4-11-11	31101 1	
ort Howar		(if not in home	122 Days	d. STREET ADDRESS		701-7	e. IS RESIDEN
d. NAME OF HOSE	TIAL OR INSTITUTION	(ir nor in nos	pital, give street eddress;				ON A FAR
eterans A	dministrati	ion Ho		5601 Plymo			YES NO
NAME OF DECEASED	First		Middle	Last	OF	onth Dey	Yeer
(Type or print)	Milt	ton		KASIURA	DEATH Octobe	er 1	19 61
SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	8. DATE OF BIRTH		ers IF UNDER 1 YEAR	
Male	White	WIDOWE	D DIVORCED	January 1 19	11 last birthda	Monnis Soys	Hours Mir
. USUAL OCCUPA	TION (Give kind of world	k 10b. KI		USTRY 11. BIRTHPLACE (Cou		try) 12. CITIZEN	OF WHAT COUNT
	orking life, even if retire		then Coods C	tone Boltimone	Manuel and	II C	A
Receiving FATHER'S NAME	OTELK	Lea	mer. Goods 2	14. MOTHER'S MAIDEN		U.S.	A.
Lawrence K	ASIUTA VER IN U.S. ARMED FOI	DCEC3 14	FOCIAL SECURITY NO. 1	Mary Borsu	kiewicz		
res, no, or unkown)	(If yas give wer or detes of					Ft Howard	Divisi
Yes	WW-11			Clin Rec VAH	Baltimore Md		
100000000000000000000000000000000000000	DEATH [Enter only one	e ceuse per li	ina for (e), (b), and (c).]			11	TERVAL BETWEEN
DAPT I DEA	TH WAS CAUSED BY:	CTO	CONTIT AMOUNT				
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60	IMMEDIATE CAUSE (6)		TERULUNEPHAL.	TIS , CHRONIC			UNKNOWN
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TO HOUTAIL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after \$\frac{\pi}{2} \frac{\pi}{2} \frac{\pi}{2}

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY a. STATE Maryland b. COUNTY Harford Baltimore by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, writa RURAL and give nearest town) write RURAL and give nearest town) þ Bel Air, Maryland 3vr7mth9dys Catonsville .57 hours after Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? 625 Roland Avenue HOSPT TAL SPRING GROVE STATE YES NO X completely papers. 3. NAME OF First Last 4. DATE Middle Month Dey 72 DECEASED Kelly Julia Marie (Type or print) DEATH 1961 within carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 5. SEX 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. pue lest birthdey) Months Hours Deys female white WIDOWED July 25. DIVORCED 1906 please rem 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Rublic Schools any U. S. A. teacher Mary land 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2 aftending and Julia LArner John Kelly 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Sister)
(Yes, no. of unknown) (lifyes give war or detes of service) 220-24-2883 Mrs. Halen Kelly Then 25 Reland AvE. BEI Air, Md. (Yes, no, or unkown) (Ifyesgive war or detes of servica) remova STATE HOSPITAL the unknown Records: permit. INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).] hysician. þ PNEUMONIA ONSET AND DEATH PART I, DEATH WAS CAUSED BY OF g physic signed IMMEDIATE CAUSE (e) burial-transit DUE TO affending Conditions, if eny, which been (b) gave rise to Immediate cause DUE TO (a), stating the underlying has the 5 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY certificate CERTIFICATION hospital PERFORMED? as NO use prior 20e. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) R: After this ce detached for u OR CONTRIBUTING CAUSE OF DEATH the Health (IF EITHER, NOTIFY MEDICAL EXAMINER) þ 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' (State) 20c. TIME OF INJURY Month, Day, Yeer 20f. (City or town) (County) While Not While factory, street, office bldg., etc.) Hour a.m. refained ŏ DIRECTOR: A 3 should be deta et work et work D.m. 21. I certify that (this hospital), attended the deceased from March L Pe 1.4. 19.6.1., and that death occurred at 3.15.M, from the causes and on the date stated above. saw the deceased alive on... 22b. DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. FUNERAL page 22c. PHYSICIAN'S 22d. ADDRESS GRO VE STATE HOSPITAL NAME (Typa) AGA ector, Catons ville 28. Md. 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Specify) BEI Air MEmorial GANDERS BEI Air, HAr ford Co. Maryland P di Oct. 16, 1961 0 BUTTA 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE w. Broadway & DDRESS Iliams St. VR A15 (4) BEI Air Maryland 15M 9/60 DATE 1 6 '61 Comment & I years

death

requires that the

Joseph W. Foster

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ours after death. Page 4

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral directar, page 3 should be detached far use as the burial-tronsit permit. Then please remave carban pages. Pages 1 and 2 should be filed with the State Baard of Health priar to burial, cremation, or remaval, and in any event, within 72 haurs after death.

[AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

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VR A15 (4) 15M 9/59

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1. PLACE OF DEATH a. COUNTY	altimore		MARYLAND	II a. STATE	Md.	ere deceased	lived. If institution b. COUNTY	n: Residence b Balti		ian)
b. CITY OR TOWN (I RURAL and give no Baltim	foutside corporate limit earest town) Iore (Rela	y,Md.)	TH OF STAY IN 16	c. CITY O		utside corpord imore	ote limits, write RU (Rela	IRAL and give)
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, g 719 Sutto	n Avenu	е	4	19 Su	tton	Ave.			IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Ell e n	st	Middle	nnedy	Lost	4. DATE OF DEATH	Month Oct		/	Yeor 1961
5. SEX female	6. COLOR OR RACE White	7. MARRIED N	DIVORCED	B. DATE OF BI		866	P. AGE (In years lost birthday)	Months Day		R 24 HRS. Min.
10o. USUAL OCCUPATION during most of world housewi	DN (Give kind af work oking life, even if retired)	lane 10b. KIND OF	BUSINESS OR IND	OUSTRY 11. BIRTH		ar foreign ca	untry)		OF WHAT	
13. FATHER'S NAME				14. MOTHER	R'S MAIDEN N	AME				
Peter	J. Brook	ey		El	len F	ord				
15. WAS DECEASED EVE		CES? 16. SOCIAL S		Albert	A. Kei	nnedw	Addre	04 Wo	ndeid	Α Δ1
Canditions, if any, which gave rise to immediate couse (a), stating the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY										
200. ACCIDENT WA			W INJURY OCCUR						YES _	RMED?
-	RY Month, Day, Yea	While _ No		PLACE OF INJUR foctory, street, af			or town)	(Caur	ity)	(State
	21. I certify that (I) (this hospital) attended the deceased fram									
pt	in Fe (1	aclales	ru	M.D. ATTEND	X DII	ED. RECTOR 🗆	STAFF PHYS.	10	0/4/	SIGNED
22c. PHYSICIAN'S NAME (Type)	John	Coolaha	n, M.D.	42 42		Wilke	ns Aven	ue 🗲	+29	
23a. BURIAL, CREMATIC REMOVAL (Specify) Burial	10/7/6	51 Ne	ame of cemetery w Cathe		emeter	y E	ON (City, town, o	e, Md	(Sto	te)
24. FUNERAL DIRECTOR Howard H.	's SIGNATURE Hubbard		lkens A	venue	25a. REC'I	BY REGISTR	74 7	TRAR'S SIGNA		

A SUPPLY OF THE PARTY OF THE PA Lie Skromonya of the line and all somewhat he is Filen Tunnedy Fallen Oct. 13. Tenede will de learne when 13 1320 vale week. Peter J. Bronkey more Albert A. Kennedy, Sr. 1804 Werds 14 Ave Links with the Constant Constant Constant Constant in a part of the super August Avenue . I brawell

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11128 CERTIFICATE OF DEATH

	PLACE OF DEATH				2.	USUAL RESIDE		b. COUN		dence before	admission)
1		Baltim	ore	MARYLAI		1	Maryland			timore	
)	b. CITY OR TOWN (if outside corporete lim I give neerest town)	its,	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN	(If outside corp	porete limits, writa	RURAL end g	ive neerest to	wn)
	Catons			lmthl7dvs		Baltimo	re		X		
			(if not in	hospitel, giva street address)		d. STREET ADDRES	S		4		RESIDENCE A FARM?
	SPRING	GROVE ST	ATE	HOSPITAL		338 G	reenlow			YES	K KON
3.	NAME OF DECEASED	Firs	t	Middle		Last	4. DATE	Month		Day Yes	ar
	(Type or print)	Susan		В.	K	ennedy	DEATH	1 (October	2 19	61
S.	SEX		7. MAR	RIED X NEVER MARRIED	7 8. D	ATE OF BIRTH	9	AGE (In years			R 24 HRS.
	female	white	WIDO			March 2,	1885	76yrs	Months De	ys Hours	Min.
108		ION (Give kind of wor	1	. KIND OF BUSINESS OR INI	DUSTRY				12. CITIZE	N OF WHAT	COUNTRY
		rking life, even if retir					XXXXXXX			5. A.	
13.	FATHER'S NAME				14	MOTHER'S MAIDE	N NAME			A 1	
	XXXXXX	Milton	Ornd	lorff		MXXX	XXX Ki	ssiah I	Linder	man	
	WAS DECEASED EV	ER IN U.S. ARMED FO	RCES? 1	16. SOCIAL SECURITY NO.	17. INF	ORMANT		Address			
(Ye	unknown	fyesgiva weror datas of		unknown	lecor	ds: SPRI	NG GRO	VE STATE	E HOSE	TTAL	
	18. CAUSE OF I	EATH [Entar only on	e ceuse p	er line for (e), (b), end (c).]						INTERVAL 88	
	PART I. DEAT	H WAS CAUSED BY:	Pleu	ral Effusion						OHSET AND	DEATH
	1 42	A X									
	6 100	O DUE TO		gestive heart	fail	ure					
	Conditions, if any geva risa to immad) 0011	Reporte mearo	10,1	Luic					
	(a), stating the u	nderlying > DUE TO			1.	-b 33					
	cause lest.			eriosclerotic				-1			
NO	PART II. OTHE	R SIGNIFICANT COND	ITIONS C	ONTRIBUTING TO DEATH 8	UT NOT R	ELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	EN IN PART 1	a) 19. WAS PERF	ORMED?
I.Y	Little College									YES X	NO O
CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER		DESCRIBE HOW INJURY OC	CURED. (E	nter netura of injury i	in Pert I or Pert	Il of item 18.)			
				L BILLIAN OCCUPATA - OC	B: 4 GF	OF INTERVAL	1 001 /61		(County	.1	(State)
MEDICAL	20c. TIME OF INJU	JRY Month, Day, Y		hile Not While		OF INJURY (Home, fa street, office bldg., e		ty or town)	(County	1	(31018)
WE	p.m.	19		work at work	177						
	21. I certify	hat (4) (this hosp	ital) att	ended the deceased f	rom	Aug. 15	1961, to	Oct. 2	19.6], that (1)	(we) las
	saw the decea	sed alive on	ct.	2 19.61, and	that de	eath occured at.	aM, from	m the causes	and on the	date state	ed above
	22a. SIGNATURE	Stella	- Wo	achsler	M.D.	ATTENDING PHYS.	MED. DIRECTOR [STAFF PHYS.	10	-2-61	SIGNED
	22c. PHYSICIAN'S NAME (Typa	Stella	Wac	hsler, M. D.		22d. ADDRESS	SPRING	GROVE S	STATE -Nervl	HOSPIT	AL
23	a. SURIAL, CREMAT	ION, 23b. DATE TH	REOF	23c. NAME OF CEME	TERY OR	CREMATORY		ATION (City, toy		ALCOHOL: MAKE	(Slate)
	REMOVAL (Specify Burial	10/5/6		Loudon P.	ark	Cemeberv	Bal	ltimore	. Mary	land	
24	FUNERAL DIRECTO		-	ADDRESS				TRAR 256. REC			16.30
-			d 4:	107 Wilkens	Ave				ribat il. 1		
-											

TO HE PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executive within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of director, page 3 should be defached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 15M 9/60

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deam. Page 4 may be retained by the hospital or attending physician.

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VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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e. COUNTY	BALTO.	MARYLAND	e. STATE MD	b. CC	OUNTY BALT	ree before edmission)
	WN (if outside corporete limits, L end give neerest town).	c. LENGTH OF STAY IN 18	CATO	utside corporete limits, v	7317	neerest town)
d. NAME OF H	RIDGE WAY	of in hospitel, give street eddress)	d. STREET ADDRESS	GEWAY	RD.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	ROBERT	R. KIRBY	Last 4	OF DEATH OCT.		/ 19
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	DEC, 24, 18	92 9. AGE (In ye last birthde	Months Deys	Hours Min.
done during most	UPATION (Give kind of work of working life, even if tetired)	SELF-EMP.	MD.	J. T. T.	ry) 12. CITIZEN (OF WHAT COUNTRY
	LOWARD ,		14. MOTHER'S MAIDEN NA	A -		
	ED EVER IN U.S. ARMED FORCES	(2) 16. SOCIAL SECURITY NO. 17.	45. Robert F.	Keiler-o	241 Ress	wan P.
	OF DEATH [Enter only one cer DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	use per line for (e), (b), end (c).	natoria			NSET AND DEATH
	feny, which \ (b)	Carcino	ine of Bile	Ducto	4	Zres.
	the underlying DUE TO					
CATIO	OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	L DISEASE CONDITION	GIVEN IN PART 1(e)	19. WAS AUTOPSY PERFORMED?
OR CONTRIBL	NT WAS UNDERLYING [20 ITING [CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	ED. (Enter neture of injury in Per	t I or Pert II of item 18.)		
20c. TIME OI Hour			LACE OF INJURY (Home, ferm, actory, street, office bldg., etc.)	20f. (City or town)	(County)	(Stete)
21. I certi		attended the deceased from				
22e. SIGNAT		mol	ATTENDINGMED). STAFF	_	22b. DATE
1/0	Melson 1	Hay	M.D. PHYS. DIRE	CTOR PHYS.		10/11/6
22c. PHYSICI		SON MCKA	y 22d. ADDRESS 9014	ED MON:	DSON	AVE
	(Type) J. NEL.	SON MCKA F 23c. NAME OF CEMETER CITHERY	22d. ADDRESS 2014 Y OR CREMATORY	ED MON. 23d. LOCATION (CITY)	town or county)	AVE (Stote)
23e. BURIAL, CR.	EMATION, 23b. DATE THEREO	SON MCKA F 23c. NAME OF CEMETER Cuthery ADDRESS H Calorwel	22d. ADDRESS 2014 Y OR CREMATORY	ED MON 23d. LOCATION (City) BY REGISTRAR 25b.	town or county)	

plnods funeral within 24 hours after TO HONDIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exerted within 24 hours dear, age 4 may be retained by the hospital or attending physician.

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VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
11128
CERTIFICATE OF DEATH
1119

-	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Re-	sidence before admission)						
	8. COUNTY Baltimore MARYLAND	e. STATE Mary land b. COUNTY Ro.	1 timora						
	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN of outside corporete limits, write RURAL and	give neerest town)						
Л	write RURAL end-give neerest town)	Tana and							
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS	a. IS RESIDENCE						
	200 D. 1 1. 110	1 2 2 2 2 2 1 1 1 1 1 2 1	ON A FARM?						
	209 Ridgefield Road	209 Ridgefield Road	YES NO XX						
1	3. NAME OF First Middla DECEASED	Last 4. BATE Month OF	Dey Yeer						
	(Type or print) Mr. John (harles t	Circhner DEATH October	27th19 61						
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 Y							
	male white WIDOWED DIVORCED DI	Sept. 3, 1899 last birthdey) Months Do	eys Hours Min.						
1	1De. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?						
	dona during most of working life, even if retired)	Baltimore, Maryland	1. S.A.						
Ŧ	13. FATHER'S NAME INDIQUEED HOLD.	14. MOTHER'S MAIDEN NAME	7,0011						
		n 1. (1)							
	Edward Kirchner	Pauline Schaefer							
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) [(Ifyesgivewerordefasofservice)]	INFORMANT Address							
	272-07-7547	Irs. Sophia Kirchner	same						
	18. CAUSE OF DEATH [Entar only one ceuse per line for (e), (b), end (c).]		ONSET AND DEATH						
	PART I. DEATH WAS CAUSED BY: CORONARY ACT	ERY OCCLUSION	IMMEDATE						
я	11701 DUE TO								
н	Conditions, if eny, which) (b) CORONARY ART	ERY PISTEASE							
	gava rise to Immediate ceuse								
А	(a), stating the underlying DUE TO		DAY OF THE PARTY O						
A		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	(e) 19. WAS AUTOPSY						
		CARDIAL INFARCTION 6/1/61	PERFORMED?						
	2		YES NO						
	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING 200 CAUSE OF DEATH	D. (Enter neture of injury in Pert I or Pert II of item 18.)							
	Lack the state of	factory street office bldg etc.)							
	Hour a.m. P.m. 19 While Not While at work at work	istry street street, street							
	21. I certify that (I) (this hospital) attended the deceased from.	6/30 16/ 10/27 16	that (1) (and last						
		t death occured as M, from the causes and on th							
	220. SIGNATURE	death occurs with hom the course and on the	22b. DATE						
	TOUNICE	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	10/2 SIGNED						
	22c. PHYSICIAN'S	A.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS	199/101						
	NAME (Type) T. C. Siwinski, M.D.		owson 4, Md.						
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		(State)						
1	REMOVAL (Specify)	D 11. M	11						
1		emer (em. Baltimore, 11)	aryland						
1	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SI							
81.	Leonard J. Rack 5305 Harford Roc	2d #14 DATE 061 30'61 Circlin S.	/ Kalle						

PS111 in the state of the state of the leaves the second of the second of the second of READY. J. LACK 25:00 3 6 124 27:-07-75:7 11 3. CONSTRUCTIONS - W. CHARLES ARTERS CREMERCH CERTIFICAL Y STREET, STREETS CLASSIMAL DETECT BECKISSED FOR WILDERLING MITSPERSON ESTIGA T. Cofweren F. The straight of the straight will be straight and the straight of the straight Surjust the 12/2/11 note revenue years - described have some Les wild , wer 305 nacyona noad not

				YLAND STAT			_				
		of Statistical	. REŞEA			OF DEAT	ON STREET,	BALTIMOR	1 1	120	
	PLACE OF DEAT	rh .			11	2. USUAL RESIDE	ENCE (Whare dac	eased livad, If ins	titution, Rasi	dance bafore	admission)
	. COUNTY	Baltimore		MARYL	AND	a. STATE Mar	yland	b. COUNTY			/
	writa RURAL ar	(if outside corporata limit nd giva naarast town)	i.	c. LENGTH OF STAT	Y IN 1b		N (If outside corpo	limits, writa R	URAL and oi	va ricerest to	wn)
	Fort Howa	LTCL PITAL OR INSTITUTION (II	t- b-	54 Days		Baltimo		V	V (119	RESIDENCE
V					55/					ON	A FARM?
		Administrat:	Lon H				stone Av				ио Х
	NAME OF DECEASED	First		Middle		Last	4. DATE OF	Month	· ·	ay Ya	BT
	(Typa or print)	WALT		H.		KLOPP	DEATH	Oct.	and an and an and an	5 19	
5.	SEX	6. COLOR OR RACE	7. MARRI	ED X NEVER MARRIED	B.	DATE OF BIRTH	9.	AGE (In years IF			R 24 HRS.
	Male	White	WIDOW	ED DIVORCED		Feb. 29, 1	880 8	31 yrs.	Nonths Day	's nours	Will.
10a do	. USUAL OCCUPA	ATION (Giva kind of work working lifa, aven if retirad		CIND OF BUSINESS OR				oraign country)	12. CITIZEI	OF WHAT	COUNTRY?
	Laborer					Berks Cou	nty, Penns	sylvania	U.	S.A.	
13.	FATHER'S NAME					14. MOTHER'S MAID	EN NAME				
	Henry K	opp			9.0	Sarah B	nirger				
	WAS DECEASED	EVER IN U.S. ARMED FOR		SOCIAL SECURITY NO). 17. II	FORMANT	ar goz	Address			-
(Ya		(If yes giva war or datas of se	' 0	13-10-1797	CTi	n Rec VAH	Baltimo	ce Md F-	Hours	rd Div	ieion
	YES 1B. CAUSE OF	DEATH Enter only ona				12 1000 1,211	. Doct outlies	. C IM I	0 110114	INTERVAL BI	
		TH WAS CAUSED BY:				G T G				ONSET AND	DEATH
	4	IMMEDIATE CAUSE (a)_	M	YOCARDIAL I	TBRO	272				0211210	1141
	12	O DUE TO	C	ORONARY ART	רדפיםיו	SCIEBOSIS				INTIMIO	T.ThT
	Conditions, if a		C	OHOHATIT MID	LINITO	DOTEMIODED				UNKNO	MTA
	gava risa to imma (a), stating tha	THE PERSON NAMED IN TAXABLE PARTY OF TAX							1 19 9		
	causa last.	(c)	L	EFT LOWER	LOBE	PNEUMONIA				2 DAY	S +
TION		IER SIGNIFICANT CONDIT			BUT NOT	RELATED TO THE TER	MINAL DISEASE C	ONDITION GIVEN	IN PART 1(a	PERF	ORMED?
S		nic Mephros						40.1		YES X	NO [
CERTIFICATION	OR CONTRIBUTIN	WAS UNDERLYING IG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY C	CCURED.	(Entar natura of injury	in Part I or Part II	of Item IB.)			
MEDICAL	20c. TIME OF IN Hour a.m		While	aNot While		E OF INJURY (Home, fry, streat, offica bldg.,		or town)	(County)	(Stata)
~	21. I certify	that M (this hospit	al) atter	ided the deceased	from	August 22	1961, to(Oct15	, 196	1 that (1)	(we) last
	22a, SIGNATURE		······	, al	id mar	death occured at		me canses at	id on me		b. DATE
	228. SIGNATUR	Run	20	MI	M.I	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		10-16	SIGNED
	22c. PHYSICIAN			1-0- D-		22d. ADDRESS					
	NAME (Type	STIAN RUSSO	MID			VAH Bal	timore M	1 - Ft He	ward.	Divisi	on
	. BURIAL, CREMA	TION, 236. DATE THER	EOF	23c. NAME OF CE	METERY C			TION (City, town		(State)
	REMOVAL (Spacif	(y) Oct 10	106	7	T. T. T	tanal - Com	atamra a		-		

descent Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be defached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60

within 24 hours after

The law requires that the death certificate be ex

ATTENDING PHYSICIAN:

24 FUNERAL DIRECTOR'S SIGNATURE Wm. Cook-Blight Inc

Burial

Oct.19,1961

6009 Harford Baltimore U

Cemetery Baltimore Maryland
258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DAGCT 1 7 '61

Baltimore National Cemetery Baltimore

arthur S. Kines

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AND COLUMN

- M.M. JERNEY TEN

M. Colladian Mind

Incl. 25.3:2

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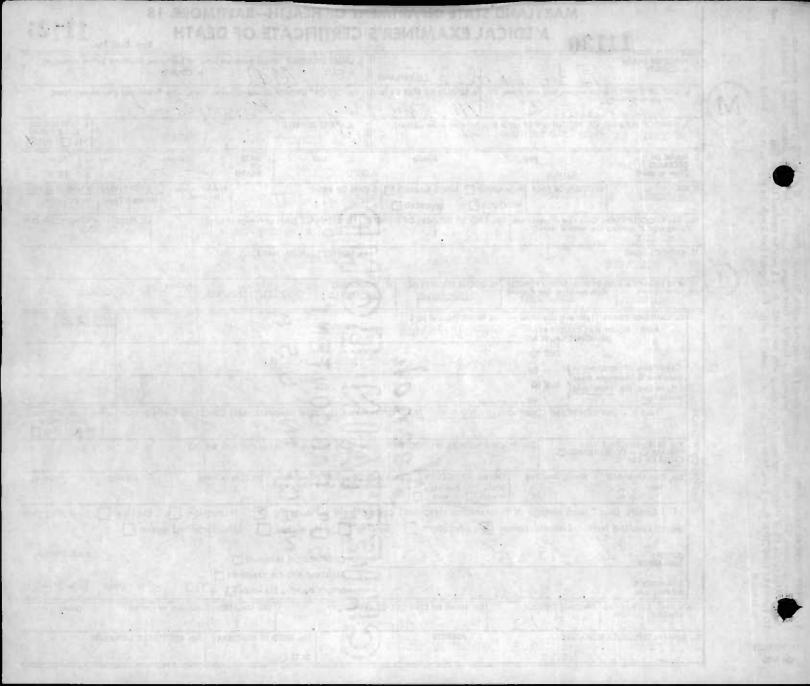
VS. A15ME(5) 5M 9/55

	MA	RYLAND	STATE	DEPARTME	NT OF	HEALTH-	-BAL	TIMORE,
112	0	MEDICA	AL EX	AMINER'S	CERT	IFICATE	OF	DEATH

Reg. Dist. No. 11121

18

-												
1.	PLACE OF DEATH	BAL	71	MORLETARYL		a. STATE	DENCE (W	There deceas	ed lived, If Instit b. COUNT		nce before or	dmission)
t	ond give nearest town		rito RURAL	C. LENGTH OF STAY IN		c. CITY OR	TOWN (II	autside corp	porate limits, write	RURAL and	give nearest	town)
	Spring Gr	ove State	(If not in he HOSP	spital ave street address)	ll-a	d REET A	odress uncan	St.	Baltimor	Э	0	RESIDENCE ON A FARM?
1	NAME OF DECEASED (Type or print)	Anna	irst	Middle	Ko	recky		4. DATE OF DEATH	10- Mon!		Day	Year 19
5. 5	female	6. COLOR-OR RAC	7. MARR	35	1111	TE OF BIRTH	1877		9. AGE (In years lost birthday) 04 yrs.	Months [TYEAR IF UI	NDER 24 HRS.
10a	USUAL OCCUPATION TO THE TOTAL OCCUPATION TO THE TOTAL OF WORKING	ON (Give kind af war g life, even if retired	1	rabek's	IDUSTRY	11. BIRTHPLA Brak	a, Bo	or foreign o	ountry)	12. CITIZ BO	hemia	AT COUNTRY?
13.	FATHER'S NAME unknow	n			14	MOTHER'S	MAIDEN N	IAME				3,4
15. (Yes	WAS DECEASED EVI	ER IN U. S. ARMED F (If yes, give war or doles of UNKNO	ORCES? 16	social security No. unknown	17. INFO	RMANT ords:	Spri	ng Gr	ove Stat	e H os	pital	
	The Part of the Landing	H WAS CAUSED BY: IMMEDIATE CAUSE (DUE TO Thy, which (diate cause)	Dehy Ger	of (c), (b), and (c).] rdration and the to the alized at			rosis	5.			ONSET AND	DEATH
CERTIFICATION	PART II. OTH	IER SIGNIFICANT CO	NDITIONS C	ONTRIBUTING TO DEATH	BUT NOT	RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GI	VEN IN PART	1(a) 19. W/ PEI YES	RFORMED?
	20g. EXTERNAL CAU PRIMARY Gr CON CAUSE OF DEATH.	ISE WAS NTRIBUTING [20b. DESCRI	BE HOW INJURY OCCURE	ED. (Enter	nature of inj	ury in Part	I or Part II	of item 18.)			
MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	RY Month, Day, Y	Whi			OF INJURY (H street, affice			or town)	(Cau	nty)	(State)
				remains described Accident [],				-	nspection ndetermined	, Inquir		d find that
	ACTUAL SIGNATURE	ler of, y	nje	uffer	M	.D.		AMINER [R □		DAT	E SIGNED
	EXAMINER'S NAME (Type)	Geo. S. M	AA	er M.D.		DEPUTY	9	XAMINER	TOTO T	eeds A	ve LC)-15-61
220	REMOVAL (Specify) Burial	10/18	of /61	Holy Rede					TION (City, town, timore.	or county)	(\$	tate)
23	harles 1 331 Breh	s signature L. Schimui ims Lane	nek F	uneral Hom	е		24a. REC'D	BY REGIST		STRAR'S SIG		



d within 24 hours after TO F PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be extended within 24 hours death. Page 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 is be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 22

11121

. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If Institution: Re	sidence before edmission)
e. COUNTY	e. STATE b. COUNTY	_ /
Baltimore MARYLAND		
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	b c. CITY OR TOWN (If outside corporate limits, write RURAL and	ive neerest town;
Fort Howard 11 Days	Baltimore 31	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Veterans Administration Hospital	1826 Gough Street	YES NO X
NAME OF First Middle DECEASED (Type or print) GEORGE	KRUG 4. DATE Month OF DEATH October	Dey Yeer • 19 61
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X	8. DATE OF BIRTH 9. AGE (In years) IF UNDER 1 Y	
Male White widowed Divorced		Hours Min.
De. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZ	EN OF WHAT COUNTRY
Mechanic Garage	Baltimore, Maryland	U. S. A.
B. FATHER'S NAME .	14. MOTHER'S MAIDEN NAME	VI
George Krug	Jennie Darmstead	
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (es, no, or unkown) (Ifyes give weror detes of service)	Clinical Records, VAH, Baltimore 18	Morrelond
	FORT HOWARD DIVISION	, Mary Land
18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]	CORT HOWARD DIVISION	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	DACTTAD ADMEDY	ONSET AND DEATH
IMMEDIATE CAUSE (0)	BASILAR ARTERY	10 hours
333 DUE TO		
Conditions, if eny, which CEREBRAL ARTER	IOSCLEROSIS	Unknown
geve rise to immediate cause	IOSCLEROSIS	Unknown
geve rise to immediate cause (e), stating the underlying	IOSCLEROSIS	Unknown
geve rise to immediate cause (e), starting the underlying cause lest. DUE TO (c)		(e) 19. WAS AUTOPSY
geve rise to immediate cause (e), starting the underlying cause lest. DUE TO (c)		(e) 19. WAS AUTOPSY PERFORMED?
geve rise to immediate cause (e), stating the underlying cause lest. DUE TO (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	I(e) 19. WAS AUTOPSY
geve rise to immediate cause (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20e. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		(e) 19. WAS AUTOPSY PERFORMED?
DUE TO cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. p.m. 19 DUE TO (c) 20b. DESCRIBE HOW INJURY OCCUING While Not While et work at work	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART RED. (Enter neture of injury In Part I or Pert II of item 18.) PLACE OF INJURY (Home, ferm, 20f. (City or town) (Coun fectory, street, office bldg., etc.)	YES NO (Stete)
DUE TO cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. P.m. 19 DUE TO 20b. DESCRIBE HOW INJURY OCCUR 20d. INJURY OCCUR While Not While et work at work at work	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART RED. (Enter neture of injury In Part I or Pert II of item 18.) PLACE OF INJURY (Home, ferm, 20f. (City or town) (Coun fectory, street, office bldg., etc.)	YES NO (Stete)
DUE TO Cause lest.	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART RED. (Enter neture of injury In Part I or Pert II of item 18.) PLACE OF INJURY (Home, farm, feetory, street, office bldg., etc.)	19. WAS AUTOPSY PERFORMED? YES NO (Stete)
DUE TO Cause lest. DUE TO	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART RED. (Enter neture of injury In Part I or Pert II of item 18.) PLACE OF INJURY (Home, farm, feetory, street, office bldg., etc.)	(e) 19. WAS AUTOPSY PERFORMED? YES NO (Stete)
DUE TO Cause lest.	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART RED. (Enter neture of injury in Part I or Pert II of item 18.) PLACE OF INJURY (Home, farm, 20f. (City or town) (Counfectory, street, office bldg., etc.) m. September 22561 to October 3, 196 hat death occured at	19. WAS AUTOPSY PERFORMED? YES 1 NO 1
DUE TO Cause lest. Column	RED. (Enter neture of injury In Part I or Pert II of item 18.) PLACE OF INJURY (Home, farm, 20f. (City or town) (Coun fectory, street, office bldg., etc.) m. September 22.561 to October 3., 196 hat death occured at	19. WAS AUTOPSY PERFORMED? YES NO (Stete) 1, that (XX(we) lase e date stated above
DUE TO Cause lest. Ce	PLACE OF INJURY (Home, farm, 20f. (City or town) (Counfectory, street, office bldg., etc.) M.D. ATTENDING MED. PHYS. 22d. ADDRESS	PERFORMED? YES NO PERFORMED.
DUE TO Cause lest. DUE TO	RED. (Enter neture of injury In Part I or Pert II of item 18.) PLACE OF INJURY (Home, ferm, fectory, street, office bldg., etc.) m. September 22.561 to October 3, 1966 hat death occured at	PERFORMED? YES NO No
geve rise to immediate cause (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTITY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer While Not While et work 19	RED. (Enter neture of injury In Part I or Pert II of item 18.) PLACE OF INJURY (Home, farm, fectory, street, office bldg., etc.) m. September 22.961 to October 3, 196 hat death occured at	(Stete) 19. WAS AUTOPSY PERFORMED? YES NO 1, that (XX)(we) last e date stated above 22b. DATE SIGNE 10/4/(D DIVISION (Stete) (Stete)
DUE TO cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTITY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. p.m. 19 While Not While et work at work 22e. SIGNATURE 22c. BHYSICIAN'S NAME (Type SEBASTIAN RUSSO, M.D 30. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART RED. (Enter neture of injury in Part I or Pert II of item 18.) PLACE OF INJURY (Home, farm, fectory, street, office bidg., etc.) m. September 22.0 61 to October 3, 196 hat death occured at, M, from the causes and on the death occured at, M, from the causes and on the DIRECTOR PHYS. 22d. ADDRESS VAH BAITIMORE 18 MD. FT. HOWAR RY OR CREMATORY 23d. LOCATION (City, town or county)	I(e) 19. WAS AUTOPSY PERFORMED? YES NO 1, that (XX)(we) la e date stated above 22b. DATE 10/4/ D DIVISION (Stete) aryland GNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3

11132 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE 8. STATE	E (Whare deceased lived, If i b. COUN		a before admission)			
Baltimore	MARYLAND	Mai	ryland	-				
b. CITY OR TOWN (if outside corporate fimits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (II	f outsida corporata limits, writa	RURAL and giva r	nearast town)			
Catonsville	45yr3mth28dy			3	(01-			
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	spital, give straat addrass)	d. STREET ADDRESS			a. IS RESIDENCE ON A FARM?			
SPRING GROVE STATE HOSE	PITAL	2238 East	Baltimore St.		YES NO			
3. NAME OF First DECEASED (Typa or print) Bessie	Middla	Lahey	4. DATE Month OF DEATH Octobe	Day	Yeer 19 61			
5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED X 8.	DATE OF BIRTH	9. AGE (fn years fast birthday)		IF UNDER 24 HRS.			
female white widow		ily 19, 1898	63 yrs.	Months Days	Hours Min.			
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR'	Maryland		U. S.	A .			
13. FATHER'S NAME		14. MOTHER'S MAIDEN						
James Lahey		Mathilda	Walters					
	SOCIAL SECURITY NO. 17. I	NFORMANT	Address					
(Yas, or unkown) (Ifyasgivawarordatasofsarvica)	unknown Red	ords: SPRIN	G GROVE STAT	TE HOSPI	TAL			
18. CAUSE OF DEATH [Enter only one causa per					ERVAL BETWEEN			
DART I DEATH WAS CAUSED BY	te Occlusion of			ON	SET AND DEATH			
gave rise to immediate cause (a), stating tha underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CO Diabetes Mellitus		OSCIETOSIS, W	ith Hypertensi IAL DISEASE CONDITION GIV	EN IN PART 1(a) 1	9. WAS AUTOPSY PERFORMED? YES NO			
n o n e								
	INJURY OCCURRED 20e. PLA	CE OF INJURY (Homa, farm ory, streat, offica bldg., etc.		(County)	(State)			
21. I certify that (X (this hospital) atter	nded the deceased from	June 1	19.16 to October]., 1961, 1	hat (I) (we) las			
saw the deceased alive on October		death occured a	5.Mm from the causes	and on the da	ate stated above			
22a. SIGNATURE	ellowik	ATTENDING 9:	AM STAFF		22b. DATE SIGNE			
22c. PHYSICIAN'S NAME (Typa) Tmm MODTES N			PRING GROVE tonsville 28.		SPITAL			
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify) DURIAL 10-4-61	23c. NAME OF CEMETERY O	Cemetery	Essey, n	on or county)	(State)			
Um. g. Lickner assons De	alternoie 17, 7	ped. DATE OC	'D BY REGISTRAR 25b. REG	SISTRAR'S SIGNAT				

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11133	CERTIFICATE	OF DEATH			11124
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	o. STATE Marylar		Balt	imore
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neetest town) Casonsville 28	6. LENGTH OF STAY IN 16 7-30-1957		If outside corporete limits, write (Baltimor		nearest town)
Caton Ridge Nursing Ho 329 Harlem Avenue	t in hospitel, give street eddress)	d. STREET ADDRESS	ird Avenue		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) George	Middle	Last	4. DATE Mont		Y Yeer 11 19 61
	MAKKIED NEVER WAKKIED	Dec. 5,1885	9. AGE (In yeers last birthdey) 75 yrs.	Months Deys	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Glass Blower	Swindell Bros	Baltimore			OF WHAT COUNTRY
13. FATHER'S NAME Gene Lathe		14. MOTHER'S MAIDEN Stell		n)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no grunown) (Ifyesglvewerordelesofservio	16. SOCIAL SECURITY NO. 17. 219-07-2305 A	George W. I	Addres	Cedonis	Avenue
geve rise to immediate ceuse (e), stating the <u>underlying</u> ceuse lest. (c)	Cardiac failure rteriosclerotic Ca Age As CONTRIBUTING TO DEATH BUT NO				2 weeks Unknown 19. WAS AUTOPS' PERFORMED?
PART II. OTHER SIGNIFICANT CONDITION None 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury in	Pert I or Pert II of item 18.)		YES NO
20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. p.m. 19		ACE OF INJURY (Home, far tory, street, office bldg., etc		(County)	(Stete)
21. I certify that (I) (this hospital) saw the deceased alive on 10-9.					date stated abov
22e. SIGNATURE	Coetys J.	ATTENDING PHYS.	MED. STAFF PHYS.		22b. DATE SIGNI 10-11-6
NAME (Type) Cliff Ratl			ondson Avenue		more 29,1
230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial Oct.14,196			Baltimor		
24 FUNERAL DIRECTOR'S SIGNATURE Wm. Cook, Inc., 1217 S	t. Paul Street, 2	7. 0	C'D BY REGISTRAR 25b. RI		ATURE

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Bardal Oct. 4,1961 St. Potert Con. Bellinord, Meritade

WH. Copk. inc., 1817 St. Paul Street, Mond 2 027 Mis El Lin Street Misses

funeral the 12 þ Ē Pages filled papers. carbon and physician please C attending Then removal, the permit. attending physician. signed by burial-transit peen certificate has the or hospital 0 for use After this detached DIRECTOR: 9 plnous FUNERAL Page O F

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11134 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If institution, Residence before admission) a. COUNTY a. STATE b. COUNTY Baltimore MARYLAND Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Fort Howard Days Baltimore 6 d. STREET ADDRESS Veterans Administration Hospital Hazelwood Avenue 4. DATE Month DECEASED (Type or print) DEATH JOHN. LATTIK October 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | 8. DATE OF BIRTH last birthdey) Deys Months Hours Min. White WIDOWED DIVORCED February 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foraign country) Shipping -Shipyards Estonia U. S. A 14. MOTHER'S MAIDEN NAME

b. CITY OR TOWN (if outside corporete limits, d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? YES NO X 3. NAME OF IF UNDER 24 HRS. Male 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? dona during most of working lifa, even if retired) Painter 13. FATHER'S NAME Jon Lattik Mary MN: Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. VAH, Baltimore 18, Maryland, (Yes, no, or unkown) ((Ifyesgiva war or detes of sarvice) Clinical Records, Fort Howard Division 213-01-8819 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cousa per line for (a), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: H WAS CAUSED BY:

IMMEDIATE CAUSE (6) POSTERIOR MYOCARDIAL INFARCTION, RECENT(& OLD) 1 DAY DUE TO SEVERE CORONARY CALCIFIC SCIEROSIS UNKNOWN Conditions, if env. which gava rise to immediate ceuse DUE TO (a), stating tha underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) Left Cerebral Encephalomalacia due to Cerebral Arteriosclerosis.

Operations: L leg A/K 9/22/61; R leg AK 10/16/61 - Amputations.

20e. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED. (Enter heliure of injury In Pert I or Pert II of item 18.) 19. WAS AUTOPSY PERFORMED? YES TO NO . 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) Not While While Hour a.m. et work at work 21. I certify that (IX(this hospital) attended the deceased from August 1961, to October 24, 19.61 that \$) (we) last or October 2419.61..., and that death occurred at. P....M, from the causes and on the date stated above. saw the deceased alive 22b. DATE 22a, SIGNATURE SIGNED ATTENDING STAFF DIRECTOR 22d. ADDRESS 22c. HYSICIAN'S NASEBASTIAN RUSSO, M.D. VAH BALTO 18 MD. FT. HOWARD MARYLAND 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Holy Trinity(Orthodox) Howard County, Maryland Burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS OCT 2 7 '61 arthur & Kenus Wm. Cook-Blight, Inc., 6009 Harford Rd., Balto, 14 DATE

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ATE DEPT.

TO DENUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to 1 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be 1 TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with th or its designated agent, prior to burial, cremation, or removal, and in any event-within 72 hours after V\$. A15ME 5M 7/59

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	delay is necessary, the funeral director. Page retained for your files. he State Board of Heavily.	
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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 126 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11135

		USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
		b. STATE Manufand b. COUNTY Baltimone
-		c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)
	b. CITY OR TOWN (if outside corporeta limits, writa RURAL end give neerest town)	4. 111 0.
		Middle River
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddrass)	d. STREET ADDRESS e. IS RESIDENCE
	Middle River	1316 Wilson Point Road YES NOTA
3.	3. NAME OF DECEASED / // First Middle	Last 4. DATE Month Dey Year
	(Typa or print) NIIIAM AMES L	ee DEATH Uctober 30th 19 61
5.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DAT	E OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	male white WIDOWED DIVORCED Aug.	26. 1904 S7 yrs. Months Deys Hours Min.
-	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11.	
do	done during most of working life even if retired)	0 1 0 1
	The Martin (o. 1	British Isles U.S.A.
13.	13. FATHER'S NAME	MOTHER'S MAIDEN NAME
1	Ralph Lee Ar	n Switzer
15.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFOR	A
	(Yas, no, or unkown) (Ifyasgivawarordatesofservice)	Conson H Las 11216 Hardand Torres
	212-01-33021 111.	George H. Lee 4216 Harford Terraci
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ecidental ONSEI AND DEATH
	929.8 DUE TO	
	geve rise to immediate cause	
	(a), stating the underlying DUE TO	
	cause last. (c)	
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
ĮĚ	Y THE STATE OF THE	PERFORMED? YES NO NO
일	E 2Da. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter no	
CERTIFICATION	PRIMARY For CONTRIBUTING Pt. Fell from	
_		pres wall for any
15	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF	INJURY (Homa, farm, 20f. (City or own) (Count) (State)
MEDICAL	Hour a.m. While Not While p.m. 19 at work et work	out, office blogs, sices
-	21. I certify that I took charge of the remains described above, held an	Autopsy , Inspection Inquiry and in my opinion
	death resulted from Natural causes . Accident . Suicide	, Homicide, Undetermined manner
	1 1000	CHIEF MEDICAL EXAMINER
-	ACTUAL SIGNATURE COLLECTION M.	ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
-	SIGNATURE M.	DEDITY MEDICAL EVA MINED
18	NAME (Type) JACK (OlliN)	Address (Streat, city, town, or county)
22	228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREM	
	REMOVAL (Spacify)	0 1 1
-	Burial 11/1/61 Moreland Mem	
23	23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIĞNATURE
1/	Leonard J. Ruck 5305 Hartord Road #11	4 DARCT 31 61 archur S. Krous

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11127

	J. C
1. PLACE OF DEATH B altimore MARYLAND	2. USUAL RESIDENCE (Where receased lived. If institution: Residence before admission) o. STATE maryland b. COUNTY Salfundel
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) - Office of Tylars	c. CITY OR TOWN If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSTITAL (If not in hospitol, give street oddress) OR INSTITUTION Western Run Road	d. STREET ADDRESS/ Reun Road C. IS RESIDENCE ON A FARM? YES NO.
3. NAME OF DECEASED (Type or print) Zachariah Middle	Lee 4. DATE OF DEATH 14 Cochoter 14 196
5. SEX ale 6. COLOROR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	B. DATE OF BIRTH 10 augus + 1894 9. AGE (In yeors lost birthdoy) Months Doys Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	brestern Run Rd. Cockey soille WS A
13. FATHER'S NAME George Edward Lee	Euma Mayers
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknows) (If yes, give war or dates of service) 2/3-12-6330	vife-alice Lee Same
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Oschusis Just Muss
Conditions, if ony, which (b) A.S. C. V	D. ores gear
gove rise to immediate couse (a), stating the <u>under-lying couse lost.</u> DUE TO (c)	
CATIC	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPED PERFORMED? YES \[\subseteq \text{NO} \]
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter noture of injury in Port I or Port II of item 18.)
	PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.) (County) (Sto
21. I certify that (I) (this haspital) attended the deceased from	t death occurred of 20/M, from the couses and on the date stated above
220. SIGNATURE Valter T. /Ces	M.D. PHYS. MED. STAFF PHYS. 14-Oct 1961
22c. PHYSICIAN'S NAME (Type) WALTER T. KEES	3 22d. ADDRESS Octeysuille Md
23a. BURIAL, CREMATION, 23b. DATE THERFOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) Cockerpulle, Balto, Cel.
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	Ball 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE CITCLIAN S. Krous

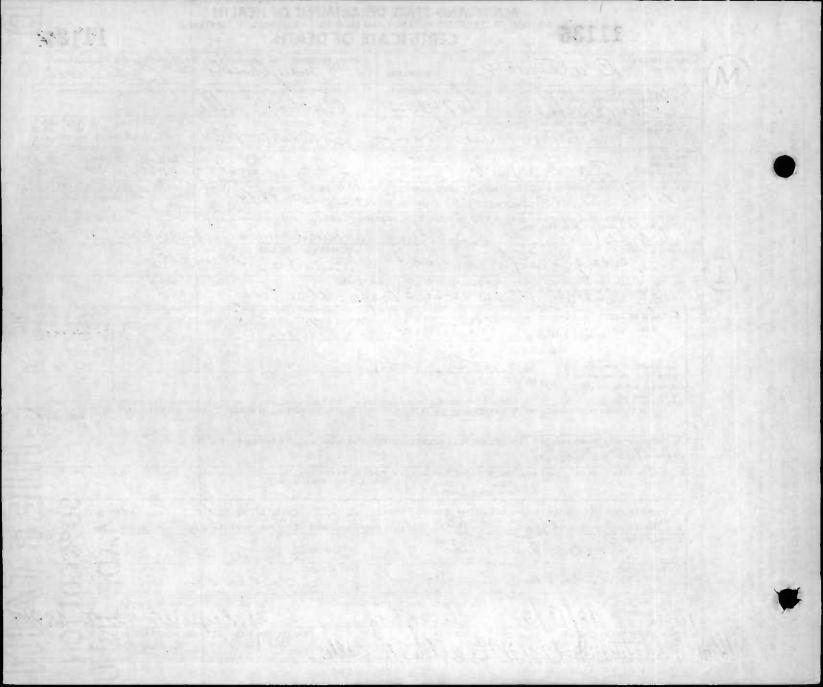
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roy Evalue by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Board at Health priar to burial, cremation, or remaval, and in any event, within 72 haurs after death. TO HO VR A15 (4) 15M 9/59

aurs after death. Page 4

AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within



MEDICAL EXAMINER'S CERTIFICATE OF DEATH crematian, Reg. Dist. No PLACE OF DEATH Baltimore 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) Baltimore o. STATE b. COUNTY MARYLAND burial. director. Page b. CITY OR TOWN If outside corporate limits, write RURAL and give nearest town. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Catonsvi 0 d. NAME OF-HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e, IS RESIDENCE registrar priar ON A FARM? Longwind files. YES NO NAME OF First Middle Last DATE Month Day Year DECEASED (Type or print) DEATH 19 Harmy J. Leffant 6. COLOR OR RACE 7. MARRIED 7. NEVER MARRIED 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. 9. AGE (In years the l'ale last birthdayh Months Days Hours Min. retained WIDOWED T DIVORCED | with yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 2 during most of working life, even if retired) ond ond pe CO Fare 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME may George Leffert Pages 1, Dietrich poges 50 Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address If was, give war or dates of service Give 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN in Item 18. PART 1. DEATH WAS CAUSED BY with form Corona w Wagnet IMMEDIATE CAUSE (o) alang with for **DUE TO** Hypertensive Cardio vascular disease Conditions, if any, which gave rise to immediate cause DUF TO (a), stoting the underlying couse lost. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY SD PERFORMED? pending used NO YES T 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) Exami shauld the word MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) factory, street, office bldg., etc.) Medical While Not while a. m. Page 3 at work of work p. m. writing 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection a my and find that Inquiry Y me certificate, wn. forwarded to the Chief TO FUNERAL DIRECTOR: deoth resulted from: Natural couses Undetermined cause Accident Suicide | Homicide | DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER Geo. S. M.Kieffer **EXAMINER'S** 1010 Leeds Ave.29 NAME (Type) DEPUTY MEDICAL EXAMINER TO 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Burial Loudon Park Cemetery Oct 7.1961 Baltimore Marvland TE FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Catonsville28-Maryland DATE OCT 9 Carilmon & Thraus

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1. PLACE OF DEATH a. COUNTY BALTO,	MARYLAND	2. USUAL RESIDENCE (Where	e deceased lived. If institution: b. COUNTY	Residence before admission) Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CATONS VILLE	c. LENGTH OF STAY IN 1b	C. CITY OR TOWN (If outs	side carporate limits, write RUR	AL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION PARADISE NURSING	HOME	d. STREET ADDRESS 2810 HALLCI	REST AVE	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First	Middle EHMAN	Last 4	DATE Month OF DEATH OCT 2	Day Year 9 6/ 19
	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH ARRIL 8,189	11.11.00	UNDER 1 YEAR IF UNDER 24 HRS Aonths Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10) during mast of working life, even if retired) ASST, TO AUDITOR	B+O R.R.	TRY 11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME ?	
1s. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes. no, or unknown] (If yes, give wor or dates of service)		FORMANT ARY E. LEHMA	Address	L GRESTAVE,
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a), stoting the <u>under-</u> lying cause lost. (c)	Melignan Messita (Pathologica)	t Jumor 1 L'Exte Sections F	rom Bropsy	ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS	Arz En	ronte		PART 1(a) 19. WAS AUTOPSY PERFORMED?) YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED	D. (Enter noture af injury in Pa	rt I or Port II of Item IB.)	
Hour o.m. Whi	- fan	ACE OF INJURY (Hame, farm, tory, street, office bldg., etc.)	20f. (City or town)	(County) (State
21. I certify that (I) (this haspital) after saw the deceased glive on 10		leath accurred PN		on the date stated above.
22a. SIGNATURÉ			CTOR STAFF	10/3 0/6
22c. PHYSICIAM'S NAME (Type) W. E. M.	Grath Mi	22d. ADDRESS 1203 F	-rederick R	d (28)
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) BURIAL NOV. 1,1961	PARK WOOD		BALTO, MO,	county) (Stote)
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D		RAR'S SIGNATURE
Mul L. Changwelle Va	36/7 (heatment	Ave, DATE ?	161 Chilling	S. Mralle

TO HOW IN ALL DIRECTOR: After this certificate he associated by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death.

aurs after death. Page 4

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1 0	(3)	DIVISION	OF STATISTI	CAL RESEA		S, 301 W. PRES		ET, BALTIMO	RE 1, MARY	1130	
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funeral should		CE OF DEATH				a. STATE	DENCE (Where	decaesed livad, If b. COUN		ice perore ec	amission
the far and the fa		Balf	timore		MARYLAND	Mary	rland	Ва	ltimore		
- C 0	b. C	ITY OR TOWN (if outsida corporate giva nagrast town	e limits,	c. LENGTH OF STAY IN 18	c. CITY OR TO	WN (If outside c	orporate limits, write	RURAL and give	naarast town	1)
2 2 2	Cat	onsvill	le Mano	ř.	THE PERSON	Cato	nsvill	Le Manor			
aft aft	d. N	AME OF HOSPI	TAL OR INSTITUTI	ON (if not in ho	spital, giva street address)	d. STREET ADDI	RESS			e. IS RE	SIDENCE A FARM?
	590	2 Harf	ord Ave.			5902 Har	ford A	lve.		YES T	
Personal A		ME OF		First	Middla	Last	4. DAT	E Month	Day	Yaer	
completely on papers.		CEASED oa or print)	Eva	M.	Lindner		OF DEA	TH Oct. 3	1/61	19	
d con	5. SEX				ED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YEAR		24 HRS.
and and carbo	Fema	ale	White	WIDOW		M-1 97	7097	last birthday)	Months Days	Hours	Min.
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that then						eorge A. I	indne	r,5902 H			u.
cian. by thermit.	18.				lina for (a), (b), and (c).]	2	1	1		TERVAL BET	
D G Si Ei		PART I. DEAT	H WAS CAUSED I		lear cino	ma of	brea	so, u	ght	2 4	4.
a law requality physeen signerial-transit cremation.		1700	/ DU	E TO							
ing in si	Co	nditions, if eny	which)	(b)							
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atte as as bun bun), steting the u	indarlying	(c)							
or at or at the bar burial			R SIGNIFICANT CO		NTRIBUTING TO DEATH BUT I	NOT RELATED TO THE T	ERMINAL DISEA	SE CONDITION GIV	EN IN PART 1(a)	19. WAS A	UTOPSY
as of	18										RMED?
hosp certif	₽ 2De	ACCIDENT W	'AS UNDERLYING	□ 20b. DE:	SCRIBE HOW INJURY OCCUR	ED. (Enter netura of inju	ry in Part I or Pe	ert II of item 18.)	1		
he he for	GERTIFICATION SOC	CONTRIBUTING	CAUSE OF DE	ATH INER				10-43			
and the sale of th		c. TIME OF INJU		1	INJURY OCCURRED 2De. P	LACE OF INJURY (Homa	form 1 2Df (City or town)	(County)	- ((State)
Affe ach F	WEDICAL 20	Hour a.m.	JKI Monin, Da	Whil	leNot Whila fi	actory, streat, office bldg		chy or rown,	(000111))	1	5.0.0,
det det	×	p.m.		19 at wo	rk at work	1	50	1-121			
E E O E G	21.	I certify	that (I) (this h		nded the deceased from			10			
F S S S S	sa	w the decea	sed alive on	10/30	19.6./., and th	at death occured	at 2.P.M, fr	om the causes	and on the d		
OR A may b DIREC	22	e. SIGNATURE	X.	DI	0.	ATTENDING	MED.	_ STAFF		22b.	. DATE SIGNED
THO S		a	X moco	Lough	em	M.D. PHYS.	DIRECTOR				
PITA Page Page with	224	c. PHYSICIAN'S NAME (Typa)		MooTon	white with			mondson V			
- DL O. 14			р. с.		ghlin, M.D.		Baltimo	re 29, Md			
FUN FUN filed	23a. B	URIAL, CREMAT	ION, 23b. DATE	THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d, Lo	OCATION (City, to	wn or county)	(St	teta)
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	KEN	Buria	1 Nov.	3/61	Loudon Pa	rk	Bal	timore 2	9, d.		
VR A15 (4)	24 FUN	VERAL DIRECTO	R'S SIGNATURE	Edmond	son ADDRESS	2Sa.	. REC'D BY REC	GISTRAR 256. REG	GISTRĂR'S SIGNA	TURE	
15M 9/60	MTG	zke F.	Dearor	73 CC 13 CC		DAT	E NOV 1	'61 0	aller & the	шА	

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funeral d within 24 hours after TO STITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be extended within 24 nours death. Page 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2.

S be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

11140 CERTI	FICATE OF DEA		LIIMORE 1, MA	11131
1. PLACE OF DEATH o. COUNTY		DENCE (Where deceesed		sidence before edmission)
Dol+imana	RYLAND a. STATE	alifornia	b. COUNTY	- 1
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF		WN (If outside corporete li	mits, write RURAL and s	give neerest town)
write RURAL end give neerest town) Lutherville 1 vr.	4 mag Mill	Valley		4 2 X
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street e				. IS RESIDENCE
8				ON A FARM?
College Manor 3. NAME OF First Middle		leveland A	Month	Dey Yeer
DECEASED	e Fest	OF		
(Type or print) Florence Hite	Lineberger	DEATH	Oct.	18 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MAI	RRIED 8. DATE OF BIRTH		(In yeers IF UNDER 1 YI	
Female White WIDOWED X DIVO	RCED March 13		yrs.	nys Hours Mill.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OR INDUSTRY 11. BIRTHPLACE	(County & State, or foreign	country) 12. CITIZI	EN OF WHAT COUNTRY?
Architect& Housewife	Lanca	ster, Ohio	TI	.S.
13. FATHER'S NAME	14. MOTHER'S MA			
Levi Hite	Eliza	beth Court	richt.	
	Y NO. 17. INFORMANT	20011 0001 01	Address A	11
(Yes, no, or unkown) (Ifyes give wer or detes of service) #571-3	2-2618 Self	10.11.	RNC	Marchen
		Bullet	11.11. 000	INTERVAL BETWEEN
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and PART I. DEATH WAS CAUSED BY:	(c).]	4		ONSET AND DEATH
IMMEDIATE CAUSE (o) // Up o Car	deal infarch	Less .		delay
420 DUE TO 01	1-,0+	// .		
Conditions, if eny, which \ (b) Derrevale	all orderio;	Meroses		Up
geve rise to immediate cause				
(e), steting the underlying couse lest.				
	EATH BUT NOT RELATED TO THE	TERMINAL DISEASE CONDI	TION GIVEN IN PART 1	(e) 19. WAS AUTOPSY
OI OI				PERFORMED?
200. ACCIDENT WAS UNDERLYING TO 1 20b. DESCRIBE HOW INJU	RY OCCURED. (Enter neture of inj	ury In Part I or Part II of iten	n 18 \	112 110
OP CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	KT OCCORED. (Ellief liesure of inj	any in rent ror ran in or non		
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRING While Not While et work et work et work	ED 20e. PLACE OF INJURY (Hom fectory, street, office bld		(County	y) (Stete)
Hour a.m. P.m. 19 While Not While et work et work	Tectory, street, office bid	g., e.c.)	1	
21. certify that (I) (this hospital) attended the dece	and from July	1960, to 00	f18 10/	that (I) (we) las
saw the deceased alive on O. J. S. 196.				
	., and that death occured	ar.t	causes and on the	22b. DATE
22e. SIGNATURE	ATTENDING	MED. STA		SIGNED
mest Hour	M.D. PHYS. 22d. ADDRES	-		Oct. 19, 61
22c. PHYSICIAN'S NAME (Type)	22d. ADDRES	TIOI N. Cal	vert Street	t
Ernest C. Brown, Jr.		Baltimore 2		
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME O	F CEMETERY OR CREMATORY	23d. LOCATION	(City, town or county)	(State)
	mount Cremal	ory Bal	timore	ma
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25	. REC'D BY REGISTRAR	25b. REGISTRAR'S SIG	GNATURE
Henry W. Genbins + Sons Co. H	905 Horb, Rock	IFOT O O ICA	· · · · · · · · · · · · · ·	
0	1000	OCI 2 0 '61	Circuit de The	W/8

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

111729	ERTIFICATE OF DEATH		11133
1. PLACE OF DEATH		E (Where deceased lived, If Institution: R	asidence before admission
BALTIMORE	MARYLAND a. STATE	TRYLAND LOUNTY	DWARIS
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16 c. CITY OR TOWN (IF	outside corporate limits, write RURAL and	giva nearest town)
CATONSVILLE 2	CHUSTUS 15 My	SUN	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel,	give street eddress) d. STREET ADDRESS	127	e. IS RESIDENCE
SPRING GROVE STATE	E HOSP RT	32 131	YES NO
3. NAME OF First DECEASED	Middle Last	4. DATE Month	Day Year
(Type or print) LYDIA	B LINTHICUM	DEATH OC	15 1961
S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED B. DATE OF BIRTH	9. AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS. Deys Hours Min.
T WIDOWED	DIVORCED NOV 7. 150	6 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working lifa, aven if retired)	OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Count	y & State, or foreign country) 12. CITI	ZEN OF WHAT COUNTRY
none	HOWAT	RD COUNTY MD.	4,5
13. FATHER'S NAME	14. MOTHER'S MAIDEN N	NAME	
CHARLES G. LINTHICU	M LYD	1A BROSEN	INE
1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC (Yes, no, or unkown) (Ifyesgivewerordetesofservice)	HALSECURITY NO. 17. INFORMANT	Address	clutarine
No	NONE CHARLES	G. LINTH COM	Med
18. CAUSE OF DEATH [Enter only one ceuse per line for	or (e), (b), end (c).]		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	LASIA OF THE GASTI	IC TRACT	
DUE TO CAR	CINOMA of The PAI	MICAEAC	
Conditions, if eny, which (b)	CINCITA OF THE PAI	NGREAS	
(a) station the underlying > DUE TO	ASTACIS TO THE	LER	
(v)	ASTASIS 16 THE LI	TAL DISEASE CONDITION CIVEN IN BAPT	1/a) 19 WAS ALITORS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO THE TERMIN	TAL DISEASE CONDITION GIVEN IN PART	PERFORMEDI
S	E HOW INJURY OCCURED. (Enter neture of injury in P	Part Los Part II of item 18	YES NO
206. ACCIDENT WAS UNDERLYING 206. DESCRIB	E HOW INJURY OCCURED. (Enter nature of injury in a	and of them is.	
	RY OCCURRED 20e. PLACE OF INJURY (Home, ferm	, ' 20f. (City or town) (Cour	nty) (State)
Hour a.m. While	Not Whila factory, street, office bldg., etc.)	,
	et work	10/11 10=15 10	(1
21. I certify that (I) (this hospital) attended		1941, to 10-15, 191	
saw the deceased alive on 10-15-	19. (e.), and that death occured at 7.3	AM.	ne date stated above
220. SIGNATURE RICCARD TO	ad the	AED. STAFF DIRECTOR PHYS.	SIGN
22c. PHYSICIAN'S	M.D. PHYS D		1 17-0
NAME (Type) RICARDO IC	Shrus Shrus	From State F	ospilal
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23	c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town or county	y) (State)
REMOVAL (Specify)	INTHICUM CHAPEL	CIARMOUNTE	md.
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 250. REG	P BY REGISTRAR 256. REGISTRAR'S	SIGNATURE
Feltis tollow Ell	wolf Cela PK DATE	2.	

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MARYLAND STATE DEPARTMENT OF HEALTH.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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1111	EM CO LITH GC	79 11/1/	OT TWE			
1. PLACE OF DEATH a. COUNTY			IDENCE (When			nce before admission)
Baltimore	MARYLAND	e. STATE	Mary lan	nd b. coun	Anne	Arundel
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TO	OWN (If outside	corporete limits, write	RURAL and give	neerest town)
write RURAL end give neerest town) Catons ville	Lyr7mth4dys	Glen	Burnie,	Maryland		07×-
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos		d. STREET AD	DRESS			a. IS RESIDENCE
SPRING GROVE STATE HOSP	TTAL	1604	Heathwo	od Road		YES NO
3. NAME OF First	Middle	Last	4. DAT	TE Month	h Dey	y Year
(Type or print) Jeremiah	Clifton	Lynch	DE	TH Octo	ber :	15 19 61
5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED B	. DATE OF BIRTH	17.74.51	9. AGE (in years last birthdey)		
male white WIDOWE		Oct. 20,	1874	86 yrs.	Months Days	Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. K	IND OF BUSINESS OR INDUSTR			, or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
dona during most of working life, even if retired) boilermaker		Ma	ryland		U. S.	. A.
13. FATHER'S NAME		14. MOTHER'S M				
James Lynch		unk	nown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	INFORMANT		Address		
(Yes, no, or unkown) (Ifyesgive weror detesofservice) unknown	21/1-05-2978 B	Records:	SPRING	GROVE ST	PATE HOS	SPITAL
1B. CAUSE OF DEATH [Enter only one couse per I						NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) COP	onary thrombosi	is				NISTI AND DEATH
DUE TO	Mary out one			MILE SE		
	eriosclerotic	cardiovas	cular di	sease		
geve rise to immadiate cause	513.0001010030	001				
(a), steting the underlying DUE TO						
Z PART II. OTHER SIGNIFICANT CONDITIONS CON	STRIBUTING TO DEATH BUT NO	OT RELATED TO THE	TERMINAL DISE	ASE CONDITION GIV	VEN IN PART 1(a)	19. WAS AUTOPSY
E TAMES OF THE STATE OF THE STA						PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS COP 206. ACCIDENT WAS UNDERLYING COP CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED). (Enter nature of in	iury in Pert I or F	Part II of item 1B.)		1.0 [] .0 45
OR CONTRIBUTING CAUSE OF DEATH	CRISC HOW INVOKE GOODING	(, , , , , , , , , , , , , , , , , , , ,			
	INJURY OCCURRED 20e, PLA	ACE OF INJURY (Hor	me farm. ' 20f.	(City or town)	(County)	(State)
Hour a.m. While	Not While fact	tory, street, office bl	dg., etc.)	(0.,, 0.,0,		
		W. mah 3°	1	0.4	15 61	
21. I certify that (this hospital) atten	ded the deceased from.	march 1.	10:83	to UCU.	12, 19.0.1,	that (I) (we) last
saw the deceased alive onOct1	1961, and that			rom the causes	and on the	date stated above.
22e. SIGNATURE	acheles - M	ATTENDING	MED.	STAFF PHYS.	10-17	C- CICNIED
OFC WILL .	revoler M	A.D. PHYS. 1			II GUNAGE C	OSPITAL
22c. PHYSICIAN'S NAME (Type)	hsler, M. D.	220. ADDRE	OT TETTAG			
		OD COSTA TORY		ville 28,		(State)
23a. BURIAL, CREMATION, 23b. DAJE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY		The ball	LOCATION (City, to	wir of country)	(State)
19/20/61	Anatomy Boar			EGISTRAR 256. RE	CICTDAD'S SICH	ATLIRE
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS					
		D	ATERICT 1 0	167	Ilun & Hen	11.6

ed within 24 hours after SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be experience of the death cartificate be expected within 24 hours death. Page 4 may be retained by the hospital or attending physician.

In FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2.

be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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CEPTIEICATE OF DEATH

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*****	CERTIFICA	AIL OI DEAIII	Reg. Dist. No.
PLACE OF DEATH O. COUNBALLIMORE	MARYLAND	2. USUAL RESIDENCE (Where deceased I	lived. If institution: Residence before admission) b. COUNTY Baltimore
b. CITY OR TOWN (If outside corporate limit RURAL and give nearest town) Dundalk (22)	s, write c. tength of stay in 16	San Control of the Co	te limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, government) 236 Baltimore	ive street oddress) Avenue	d. STREET ADDRESS 238 Baltimo	re Avenue . is residence on a farm? yes no.
3. NAME OF Fire DECEASED (Type or print) ERNI	st Middle	Lost 4. DATE OF DEATH	Month Day Year October 30th, 19 61
5. SEX 6. COLOR OR RACE white	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. Sept.4, 1888	AGE (In years lost birthday) Months Days Hours Min.
 USUAL OCCUPATION (Give kind of work of during most of working life, even if retired) Carpenter 	Construction	STRY 11. BIRTHPLACE (State or foreign cour Naples, Italy	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Antonio Maffei 1s. WAS DECEASED EVER IN U. S. ARMED FORG (Yes. no. or unknown) (If yes, give war or dates of se		Marion Simon NFORMANT Daisy R. Maffei	Address Same as #2
Conditions, if ony, which gove rise to immediate couse (a), stating the under- lying couse lost. (c) PART II. OTHER SIGNIFICANT CONI	arteriose	Les Tre he and a not related to the terminal disease of	disease 3-4 years CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES IN NO FEE
PART II. OTHER SIGNIFICANT CONT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Port II	
20c. TIME OF INJURY Month, Doy, Yeo Hour o.m. p. m.	or 20d, INJURY OCCURRED to While Not while fo	ACE OF INJURY (Home, form, ctory, street, affice bldg., etc.)	or town) (County) (State)
21. I certify that I attended the alive onO_C	F News Mb.	accurred at 6:00A M, fram ADDRESS (Streem.D. 7001 Morningto	
PHYSICIAN'S Eugene F. Ne 220. BURIAL, CREMATION, 22b. DATE THEREO		Baltimore 22, M	aryland ON (City, town, or county) (State)
REMOVAL (Specify) 11/2/6]			ltimore, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY REGISTRA	AR 24b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within may retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the otherding physician and completely VS A15 (4) 15M 9/5S

the registrar prior to burial, cremation, ar remayol, and in any event within 72 haurs offer death.

24 haurs after deoth: Page 4

TE OF DEATH		3411	
	- QUATTER/M		
The state of the s			
			Albert .
		Carrier Colores	ľ,
		No. of the last of	
The state of the s		an there we will thought the relation	
alternation and materials and modern and a second		Elita Daniel	
Turning to 1982 especially and the control of the c			

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceesed lived, If institution: Residence before edmission) e. COUNTY b. COUNTY by the and 2 death. Baltimore MARYLAND Maryland by th b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL end give neerest town) .5-Owings Mills Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Rosewood State Training School Hollins Street compretely 3. NAME OF DECEASED OF (Type or print) DEATH Joseph withi AGE (In years | IF UNDER 1 YEAR 5. SEX 7. MARRIED NEVER MARRIED and last birthday) Male White WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Dependent Baltimore, Maryland none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending and Henry H. Matzdorf Elizabeth Marie Touchard 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT or removal, (Yes, no, or unkown) | (If yes give war or dates of service Rosewood Records, Owings Mills, Md. attending physician. as been signed by the 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). PART I. DEATH WAS CAUSED BY Aspiration Pneumonia IMMEDIATE CAUSE (a) the burial-transit Acute bronchitis (malformation of superior maxillary (b) bone with maximum connective tissue obliteration of DUE TO nasal passage (naso-pharynx) (e), stating the underlying 4 may be retained by the hospital or atte L DIRECTOR: After this certificate has I 3 should be detached for use as the but the State Dept. of Health prior to burial. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY Influenza memingitis with complicating quadriplegia and symptomatic OF CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour e.m. at work at work saw the deceased alive on......19.61., and that death occured at 1:00, 4 pm the causes and on the date stated above. 22a. SIGNATURE FUNERAL I DIRECTOR PHYS. Joannes 22c. PHYSICIAN'S 22d. ADDRESS Harry G. Butler, M.D. Rosewood St. Tr. School, Owings Mills, Md. 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Ö. į S New Cathedral Cem. Frederick Ave. Baltimore, Md BURIAL 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE OCT 9 Thomas J. Kenny, Inc 1600 Hollins Balto. Md DATE arthur S. Kraus

e. IS RESIDENCE ON A FARM?

YES NO

IF UNDER 24 HRS.

U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

1 day

6 mos

(County)

NO

(State)

22b. DATE

SIGNED

VR A15 (4) 15M 9/60

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TO H STITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executive within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

S > TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

3,13,61	11148	CERTIFICA	TE OF DEATH	January Daniel	11138
DE COUNTY			2. USUAL RESIDEN	CE (Where deceased lived, If	institution: Residence before edmission
	altimore	MARYLAN	D Mary	land	Baltimore
b. CITY OR TOV write RURAL	VN (if outside corporete limits, Lend give neerest town)	c. LENGTH OF STAY IN	10.		e RURAL end give neerest town)
Catons			d. STREET ADDRESS	TTG	e. IS RESIDENCE
		of in hospital, give street eddress)		dhuiden Cine	ON A FARM?
6520 V	Voodbridge C:	LTCIE	Lest	dbridge Circ	Dey Year
DECEASED (Type or print)	Florence		nald	OF	t. 7/61 19
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yeers last birthdey)	Months Deys Hours Min.
Female	white	VIDOWED DIVORCED	June 8,18		Months Deys Hours Min.
	JPATION (Give kind of work of working life, even if refired)	106. KIND OF BUSINESS OR INDU	73	nty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY
Retired		May Co.	Baltimor		USA
13. FATHER'S NAM			14. MOTHER'S MAIDEN	NAME	
Richard	Parry		Catherin		
	D EVER IN U.S. ARMED FORCE n) (If yes give wer or detes of serv			. McCartney.	Cir
geve rise to im (e), stetling the ceuse lest.	(c)_			quamos cer or of moun	
PART II. C	OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERM.	INAL DISEASE CONDITION GIV	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBU	IT WAS UNDERLYING [] 2 TING [] CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	Ob. DESCRIBE HOW INJURY OCCU	JRED. (Enter nature of injury in	Pert I or Pert II of item 18.)	
20c. TIME OF Hour		20d. INJURY OCCURRED 20e. While Not While et work et work	PLACE OF INJURY (Home, fer factory, street, office bldg., etc.)		(County) (State)
	fy that (I) (this hospital ceased alive on Oct	attended the deceased from 1961, and 1		(47)	7, 19.61, that (1) (we) la and on the date stated above
22e. SIGNAT	Very 9	1 Kuipp	M.D.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNE
22c. PHYSICIA NAME (4. Knipp M	1. D, 22d. ADDRESS 4/16	Edmondso	n Ave
23e. BURIAL, CRE.	MATION, 23b. DATE THEREC			23d. LOCATION (City, to	3.0
Burial	Oct.10/6	1 New Cathe		Baltimore	
1 TZKE	B. 4101 Edm	ndson Ave	25e. RE	T 1 0 '61 25b. RE	Chur S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL DESCAPCH AND DECORDS 301 W. DEESTON STREET BALTIMORE 1. MARYLAND

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11140 CERTIFICATE OF DEATH

PLACE OF DEATH COUNTY ()	e. STATE MARYLAND b. COUNTY BALT! MURE				
e. COUNTY BALTINGRE MARYLAND					
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL	4			
Catonsville lmo. 16 da.	X 615 CHESTNUT A	TVE			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	IS RESIDENCE ON A FARM?			
Spring Grove State Hospital	1 BALTIMORE	YES NO			
NAME OF First Middle	Last 4. DATE Month	, Dey Yeer			
(Type or print) CATHERINE A. INC.	KENZIE DEATH 10	30 196/			
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In yeers IF UNDE last birthdey) Months				
/ WIDOWED DIVORCED	10-15.82 last birthdey) Months	Deys Hours Min.			
o, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE (County & State, or foreign country) 12.	CITIZEN OF WHAT COUNTRY			
Stenographer	Massachusetts	U.S.			
FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
William McKenzie	Kate Healy				
. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address				
es, no, or unkown) ((Ifyesgivewarordetesofservice) Unknown 212-03-8208	ecords: Spring Grove State Ho	spital			
1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	gootab, Spring Grove State in	INTERVAL BETWEEN			
DART I DEATH WAS CALISED BY.	+ 0 :2	ONSET AND DEATH			
IMMEDIATE CAUSE (e) Congestive hear	rt lallure	days			
4221 DUE TO Antenio gol enoting	ic cardiovalvular disease				
Conditions, it only, which	re cardiovarvutar drsease	years			
gave rise to immediate cause (e), stating the underlying DUE TO					
14/	rteriosclerosis				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	ART 1(e) 19. WAS AUTOPSY PERFORMED?			
		YES NO			
20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter neture of injury in Pert I or Pert II of item 18.)	4.			
	CE OF INJURY (Home, farm, 20f. (City or town) (C	County) (State)			
Hour e.m. While Not While fector	ory, street, office bldg., etc.)				
p.m. 19 et work et work					
21. I certify that (I) (this hospital) attended the deceased from					
saw the deceased alive on 10.30 19.61, and that	death occured at A.A.M., from the causes and or				
22e. SIGNATURE	ATTENDING MED STAFF	22b. DATE SIGNED			
maure Valerier M.	.D. PHYS. DIRECTOR PHYS.	10:30.61			
22c. PHYSICIAN'S NAME (TYPO) MAURICE J. VAN BESIEN	22d. ADDRESS Spring Grove State Catonsville, Maryla	Hospital and			
a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, fown or co	unty) (Stete)			
BURTAL 11-3-61 St. Patrick's	Church Cem. Havre de Grad	ce, Md			
FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR	'S SIGNATURE			
.Cook, Inc., 1217 St. Paul Street Zone	2 DATE NOV 3 '61 Cuthur	& Kraus			
	DAIL HOTO OT CLULWA	A. IVAMES			

11-7-61 St. Patrick's Church Con. Mayro de Gr.co., 14

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Extension sone of our province corresponding to the contract of

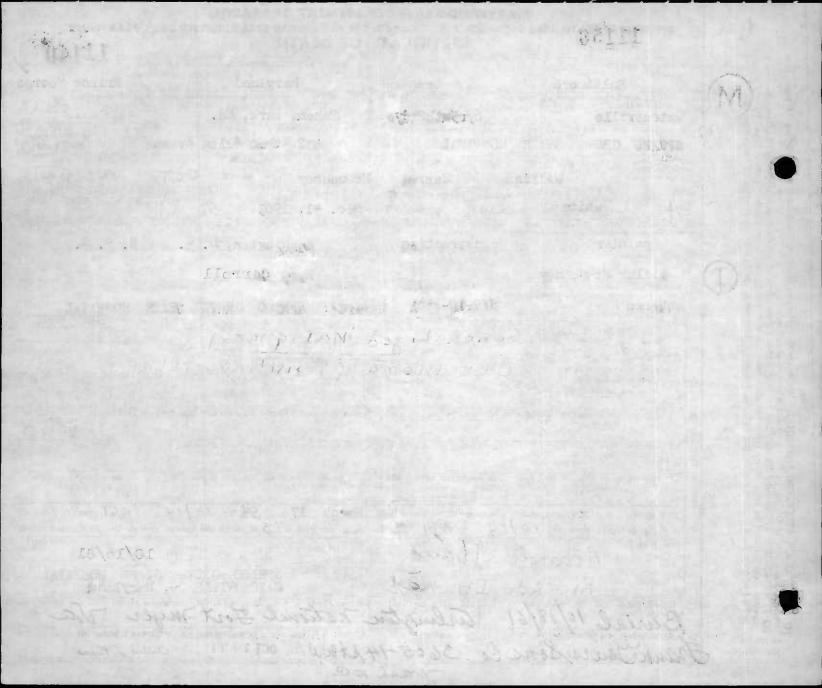
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

121	90		CERTIFICA	TE O	F DEA	TH				11	140
1. PLACE OF DEATH •. COUNTY				2.	a. STATE			ed lived, If i	TY		before edmission
	Baltimore MARYLAND					Maryla					e eorge
	outside corporate limi give neerest town)	its, c.	LENGTH OF STAY IN	1b	c. CITY OR TO	OWN (If outside	de corporate	limits, write	RURAL end	give nee	erest town)
Catonsvill	Le		r5mth21dys			a Park	, Md.		- /	0	53-
d. NAME OF HOSPIT					d. STREET AD		Ann				e. IS RESIDENCE ON A FARM?
SPRING GF	ROVE STATE	E HOSPI	TAL		432	Ethan	Aller	1 Aven	ue		YES NO
NAME OF DECEASED	First		Middle		Last	4. D	ATE	Month		Day	Year
(Type or print)	Willi	iam	Warren	Mc	Queenev		EATH	OCT		14	1961
5. SEX	6. COLOR OR RACE	7 MADDIED	NEVER MARRIED		TE OF BIRTH				IF UNDER 1	YEAR IF	UNDER 24 HRS.
male	white				23	7002	وا	t birthdey)	Months D	eys i	Hours Min.
		WIDOWED	DIVORCED _		ec. 31,		1 2	yrs.	140 01717	7511.051	WILL T COUNTY
loe. USUAL OCCUPATION done during most of wor			OF BUSINESS OR INDE	USTRY 11	. BIRTHPLACE	(County & St	tete, or fore	ign country)	12. CH12	ZEN OF V	WHAT COUNTRY
painte	r	cons	truction		Wa	shingto	on. D.	C.	U.	S A	
3. FATHER'S NAME				14.	MOTHER'S M	AIDEN NAME					
William N	AcQueeney				Ma	rv Car	rroll				
15. WAS DECEASED EVE	R IN U.S. ARMED FOR	RCES? 16. SOC	IAL SECURITY NO. 1	7. INFO	7-0			Address		-	
(Yes, no, or unkown) (If	yes give wer or detes of s	E70	10-2581	D	O	DISTRIC	a note	Om A	(TE) YTO	000	
unknown	EATH [Enter only one			He co	ras: 5	PRING	GROV	E STA	TE HU	SPIT	VAL BETWEEN
(a), stating the unceuse last.	DUETO		RCINON		,						
PART II. OTHER PART II. OTHER OR CONTRIBUTING OR CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING	SIGNIFICANT CONDI	TIONS CONTRIB	UTING TO DEATH BU	T NOT REI	ATED TO THE	TERMINAL DI	SEASE CON	IDITION GIV	EN IN PART	1(a) 19. YES	PERFORMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIB	E HOW INJURY OCC	URED. (Ent	er neture of in	ury in Pert I o	or Part II of	item 18.)			
20c. TIME OF INJUI Hour e.m.	RY Month, Day, Ye	While at work	Not While at work		F INJURY (Hor treet, office blo		of. (City or	town)	(Coun	nty)	(State)
		-1.	the deceased from			727					
saw the decease	ad alive on	2././.4	19	that dea	ath occured	at. J D. M,	, from th	e causes	and on th	ne date	
22e. SIGNATURE	Ricoro	lo J	bonies	M.D.	ATTENDING PHYS.	MED.		STAFF PHYS.	10/1	5/6:	22b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type)	Ricar	do II	panez	-	22d. ADDRES	OFRI.	NG GI		STATE Maryl		PITAL
REMOVAL (Specify)	ON. 236. DATE THE	61 C	rlingto		nation	- 11	Joseph Tor	M. City, tow	yn or county	2	(State)
24 FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		25	a. REC'D BY	REGISTRA	25b. REC	SISTRAR'S S	IGNATU	RE
Frank Je	iers Son	es Co	3605-	148	* www or	ATE OCT	17'61	0	Lithun S.	three	A
			was	R.10	0						



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

11141

ľ	11151 T+	CERTIFICA	TE OF DEATH	I mh	11141
1.	PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where d	eceased lived. If institution, Resid	ence before admission)
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Wilson. Maryland	c. LENGTH OF STAY IN 16	CITY OR TOWN (If outside	corporate limits, write RURAL on	d give nearest town)
5	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS	1.P.O. Bex 301	e. IS RESIDENCE ON A FARM? YES NO
3.	Mt. Wilson State Hospita NAME OF DECEASED (Type or print) 70 SEPL	Middle	A E NO AFALL 4. E	DATE Manth	Day Yeor
S.			8. DATE OF BIRTH 12. 1. 1913		PRI YEAR IF UNDER 24 HRS. Doys Hours Min.
	a. USUAL OCCUPATION (Give kind of work done 10b. during mast at working life, even if retired)		Brookly	m. N. Y.	TIZEN OF WHAT COUNTRY?
1	FATHER'S NAME JOSEPH WEIN J. S. ARMED FORCES? 116.	Medell 77444 SOCIAL SECURITY NO. 117. 10	14. MOTHER'S MAIDEN NAME	GTABRIS Address	
	es, no, or unknown) (If yes, give war ar dates of service)	7-05-4821 H	lospital Records		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate cause (a), stating the <u>under-</u> lying couse lost. DIE TO DUE TO DUE TO Conditions, if ony, which gave rise to immediate (b) DUE TO (c)	ne far (o), (b), ond (c).]	tie Leuces	ma	INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CON		NOT RELATED TO THE TERMINAL L D. (Enter nature of injury in Port I		ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL		Not while fo	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	f. (City or town)	(County) (Stote)
	21. I certify that (I) (this hospital) attends sow the deceased alive on 10,14	- /1	8 2 1964 leath occurred at 5.05M,		he date stated above.
	22c. PHYSICIAN'S		M.D. PHYS. MED. DIRECTO	OR PHYS.	15 19 6 HIGHED
	NAME (Type) Wm. Newcomer, M.D. Si	perintendent	Mt. Wilson S	tate Hospital, 1	
L	a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	st Men. 23d	tOCATION (City, town, or county	Ma.
24	John M. Taylor Sa	u anagraly	MA DATE OCT 1	7 '61 Circhun S	

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2 JOSEPH MENDELL ANNA GARRIS and the second of the second o a so it is a superior than the same wife of

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the funeral physician and completely filled in by n 72 hours after Pages remove

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

. PLACE OF DEATH a. COUNTY		SUAL RESIDENCE	E (Whara dacaasa	d lived, If institution:	Residence before edit	hission)	
Baltimore	MARYLAND MAJ	ryland			V		
b. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town)	OF STAY IN 16 c.	CITY OR TOWN (If		limits, write RURAL	nd give nearest town)	1	
Fort Howard 18 Da	ays Be	altimore	5	~	000		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stre	et eddress) d.	STREET ADDRESS			e. IS RESI ON A I		
Veterans Administration Hospital	1 928	8 N. Washi	ington St	treet	YES N		
NAME OF First M DECEASED	iddle	Last	4. DATE OF	Month	Day Yeer		
(Typa or print) JOSEPH	H. MEIF	ARTH		october	10 19 6	1_	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER	MARRIED 8. DATE	OF BIRTH		(In yeers IF UNDER		-	
Male White WIDOWED D	VORCED Febru	uary 12,18		birthday) Months yrs.	Deys Hours	Min.	
Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ESS OR INDUSTRY 11. B			n country) 12. Cl	TIZEN OF WHAT CO	UNTRY?	
Laborer Gardening	g Ba.	ltimore, 1	Maryland	υ	. S. A.		
13. FATHER'S NAME	14. M	OTHER'S MAIDEN N	AME				
Henry F. Meifarth	Will	helmina Ho	ofer				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SEC	URITY NO. 17. INFORM	MANT		Address	-0	-	
(Yes, no, or unkown) (Ifyesgivewerordatasofservice) WW I 217-22-				altimore,	18, Maryla	and	
Yes WW I 21/-22-	NO I'I	Howard Di	vision		I INTERVAL BETW	EENI	
PART I. DEATH WAS CAUSED BY:	, end (c).1				ONSET AND DE	ATH	
IMMEDIATE CAUSE (e) ARTERIOSCI	EROTIC HEART	DISEASE			6 MONTE	IS_	
THE TO TO MOVEMENT							
PIITMONARY	EMPHYSEMA				UNIKNOWI	V	
cover size to imposition of the cover							
(e), stating the underlying CARCINOMA OF PROSTATE WITH METASTASIS							
(c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?							
Transrectal biopsy-Adenocarcin	oma- Operati	on 9/27/6	1			OXX	
20e. ACCIDENT WAS UNDERLYING 🔲 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.)							
OR CONTRIBUTING CAUSE OF DEATH Contributing Cause of Death Caus							
20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCC	JRRED 20e. PLACE OF II	NJURY (Home, ferm,	20f. (City or to	wn) (Co	ounty) (S	tate)	
Hour a.m. While Not Wh		et, office bldg., etc.)					
p.m. 19 at work et wor	^						

DIRECTOR

21. I certify that (X (this hospital) attended the deceased from September, 22,161., to October 10, 1961, that (X) (we) last saw the deceased alive on October 10, 1961..., and that death occurred at A...M, from the causes and on the date stated above. 22a. SIGNATUR 10/10/61 STAFF PHYS.

CRAHAN, M.D.

22d. ADDRESS VAH, BALTO. 18, MARYLAND, FT. HOWARD DIVISION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)

23a. BURIAL, CREMATION, 23b. DATE THEREOF Holy Redeemer Cemetery Burial

Baltimore, Maryland

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Jerome Cvach, 900 N. Chester St., Baltimore, Md. DATE OCT 1 3 '61 Chilling S. Krous

VR A15 (4) 15M 9/60

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IEMAS E. OTUBLITO. E BOLDE

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Jose sarvon, 900 J. Cibella 65., D. M. Large, K. Will all the sarvon, sarvon sa

TOTAL DESCRIPTION OF A STREET, DESCRIPTION OF

	a. COUNTY	ltimore	MA	ARYLAND 2.	o. STATE	ce (Where deco	eased lived. If it b. CO	UNTY _	altimo	
	b. CITY OR TOWN (IF		s, write c. LENGTH OF ST	AY IN 1b			orporate limits, v			
	RURAL and give nea Spark	irest tawn)	Life		,		3 7 7			
	d. NAME OF HOSPITA				Spark		1		e. IS R	ESIDENCI
	OR INSTITUTION						C	36.3	ON	A FARM?
_			Sparks Mar				Sparks	Md.		
	NAME OF DECEASED (Type or print) Wal	ter Dic	kinson Merr		Last	4. DA OF DE		Manth 10-16	Day	Year 19 6
S. 5	SEX	6. COLOR OR RACE	7. MARRIED NEVER MAI	RRIED 8. D	ATE OF BIRTH		9. AGE (In last birth		R 1 YEAR IF UN	_
	Male	White	WIDOWED DIVOR	CED 8	-20-18	78	83	yrs. Manths	Days Haur	's Mir
10a	. USUAL OCCUPATION	(Give kind of work of	dane 10b. KIND OF BUSINESS					12. CI1	IZEN OF WHAT	TCOUNT
D	ainting C	ng life, even if retired		Souro F	Mon	-land			J.S.A.	
	FATHER'S NAME	ontracto	r Self emp	Toyed	. MOTHER'S MA	Vland			J.D.A.	
	homas H.				Martha	Garbe	r			
15. Ye	was deceased ever is, no, or unknown (If	IN U. S. ARMED FOR yes, give war or dates of se	CES? 16. SOCIAL SECURITY I		MANI			Address	Time	mon
	No		215-24-09	17 W.	Leroy	Merrym	an 234	5 York	Rd Mo	d.
	18. CAUSE OF DEAT	H [Enter anly one ca	use per line far (a), (b), and						INTERVAL	BETWEE
	PART I DEATH	H WAS CALISED BY	71.1 7 1		. 11	. 1 - 1	1	, 1.	ONSET AN	ID DEAT
	1100	IMMEDIATE CAUSE (a	ALYRHIO-S.	Clerot	16 (17)	rd10-1	1575601	171-d150	pde	
	422.1	DUE TO								
	Canditians, if any	y, which)								
	Canditians, if any gave rise to im	mediate (
	gave rise to im cause (a), stating th	mediate (
z	gave rise to im cause (a), stating th lying cause last.	mediate DUE TO		DEATH BUT NOT	T PELLYTED TO THE	E TERMINAL DIS	FASE CONDITION	ONES IN DA	DT 1/->\10 \M/A	C AUTOE
TION	gave rise to im cause (a), stating th lying cause last.	mediate DUE TO		DEATH BUT NOT	T RELATED TO TH	E TERMINAL DIS	EASE CONDITIO	ON GIVEN IN PA	PERI	FORMED.
ICATION	gave rise to im cause (a), stating th lying cause last.	mediate DUE TO		DEATH BUT NOT	T RELATED TO TH	ETERMINAL DIS	EASE CONDITIC	N GIVEN IN PA	PERI	S AUTOP FORMED?
Œ.	gave rise to im cause (a), stating the lying cause last. PART II. OTHE	mediate DUE TO the under- (c) R SIGNIFICANT CON							PERI	FORMED?
CERTIFI	gave rise to im cause (a), stating th lying cause last.	mediate DUE TO (c) R SIGNIFICANT CON UNDERLYING CAUSE OF DEATH	DITIONS <u>CONTRIBUTING TO</u>						PERI	FORMED'
CERTIFI	gave rise to im cause (a), stating the lying cause last. PART II. OTHE 20a. ACCIDENT WAS OR CONTRIBUTING E	mediate DUE TO (cers SIGNIFICANT CON UNDERLYING CON CAUSE OF DEATH AEDICAL EXAMINER)	DITIONS <u>CONTRIBUTING TO</u> 20b. DESCRIBE HOW INJURY	OCCURRED. (E	nter nature of in	jury in Part I a		8.)	PERI	FORMED'
CERTIFI	gave rise to im cause (a), stating the lying cause last. PART II. OTHE 20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY Manager 1).	mediate DUE TO (c R SIGNIFICANT CON UNDERLYING CAUSE OF DEATH AEDICAL EXAMINER) Manth, Day, Yes	DITIONS CONTRIBUTING TO 20b. DESCRIBE HOW INJURY ar 20d. INJURY OCCURRED While Not while	OCCURRED. (E	nter nature af in	jury in Part I a	Part II of item	8.)	YES [NO NO
<u>u</u>	gave rise to im cause (a), stating the lying cause last. PART II. OTHE 20a. ACCIDENT WAS OR CONTRIBUTING INTERPRETATION OF INJURY Haur a.m. p. m.	mediate one under. DUE TO (c) ER SIGNIFICANT CON UNDERLYING ONE OF DEATH AEDICAL EXAMINER) Month, Day, Year 19	DITIONS CONTRIBUTING TO 20b. DESCRIBE HOW INJURY ar 20d. INJURY OCCURRED While Nat while at wark at wark	20e. PLACE factory.	nter nature af in OF INJURY (Han , street, affice bl	ne, farm, 20f.	Part II af item	8.)	YES [NO NO
CERTIFI	gave rise to im cause (a), stating the lying cause last. PART II. OTHE 20a. ACCIDENT WAS OR CONTRIBUTING INTERPRETATION OF INJURY Haur a.m. p. m.	mediate one under. DUE TO (c) ER SIGNIFICANT CON UNDERLYING ONE OF DEATH AEDICAL EXAMINER) Month, Day, Year 19	DITIONS CONTRIBUTING TO 20b. DESCRIBE HOW INJURY ar 20d. INJURY OCCURRED While Nat while at wark at wark	20e. PLACE factory.	nter nature af in OF INJURY (Han , street, affice bl	ne, farm, 20f.	Part II af item	8.)	YES [FORMED NO
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CERTIFI	gave rise to im cause (a), stating the lying cause last. PART II. OTHE 20a. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY M a.m., p. m. 21. I certify that saw the decease 22a. SIGNATURE	mediate on under Con Car SIGNIFICANT CON CAUSE OF DEATH AEDICAL EXAMINER) Manth, Day, Yee (I) (this haspital	DITIONS CONTRIBUTING TO 20b. DESCRIBE HOW INJURY ar 20d. INJURY OCCURRED While Not while at wark at wark at wark	20e. PLACE factory.	OF INJURY (Han, street, affice bl	ivry in Part I ame, farm, 20f.	(City ar tawn)	/ <u>/</u> , 19_es and on th	(Caunty) (Caunty) (Caunty) (Caunty)	(SI (we) I ed abo
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may revained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within retained by the haspital at attending physician TO 19 VR A1S (4 1SM 9/S9 41143 HTMC FOR ELONG HEAD STATE avonique. banfyra elaste elit York Boah Smyte Haryleyd . Kays Book Spayer Ma. Jerran montheid nella. dina — terre E8 1 874 Fan 6 6 a 8 4 7 = 11 Barrier - Gran Thomas H. Serryest -- 215-24-0918 V. Keroy Marryman 2345 York My Md. Lurisl 19-61 Corter's sereford, conston, Mo. Speaks Functed Service, Towers, Co.

TO E PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exertively within 24 hours after the death rage 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 0

	MAKTLAND STATE DEPAK	IWEN! OF	MEALIM			
DIVISION OF STATISTICAL	L RESEARCH AND RECORDS, 301	W. PRESTON	STREET, B.	ALTIMORE 1	, MARYL	AND
11154	CERTIFICATE OF				11	14
	100m-200.File	G 97	10/20/6	1 10 100		1 .

1.	PLACE OF DEATH e. COUNTY			ICE (Where deceased Wood, If institution	on: Residence before edmission)
	Baltimore	MARYLAND	o. STATE	b. COUNTY	
1	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 16		(If outside corporete limits, write RURA)	L end give neerest town)
	Fort Howard	51 days	Baltimore		4-1014
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in ho		d. STREET ADDRESS		e. IS RESIDENCE
7	Cahamana Admini da da di TY		710 ** (ON A FARM?
3.	eterans Administration Ho	spital Middle	110 W. C	Lement St - 30	Dey Year
	(Type or print)			OF	
-	GEORGE		MILLER	OCCODE	13 1961 DER 1 YEAR 15 UNDER 24 HRS.
٦.	SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In yeers IF UND last birthdey) Month	
	Male White WIDOW			88 73 yrs.	
10 d	a. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cour	nty & State, or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
		avy Yard	Baltimore,	Maryland	U.S.A.
13	. FATHER'S NAME		14. MOTHER'S MAIDEN		
	William Miller		Lizzi	e Fox	
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16	. SOCIAL SECURITY NO. 17.		cal Records de VAH,	3900 Toch
()	es, no, or unkown) (Ifyesgive weror dates of service)			to 18 Md-FORT HOW	
-	Yes WW 1		ell DIAG. Dar	TO TO TO TO TO TO TO TO	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: DITT	MONARY INFARCTI	OM		2 days
	4x 5 1 pp		.014		L days
		ONCHOPNEUMONIA			
	Conditions, if eny, which geve rise to immediate cause	MONARY HYPERTEN	ISION		Years
	(a) stating the underlying	MANTA TOUT ATTOUT A CO	TON OF IDEE	THE PREST OF	37 -
	Ce use 1est. (c)	MONARYINFILTRAT			Years
NO	PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	INAL DISEASE CONDITION GIVEN IN I	PART 1(a) 19. WAS AUTOPSY PERFORMED?
CAT	Osteoarthritis. Emphys	ema of lungs. S	tricture of	esophagus	YES NO
CERTIFICATION	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURED	. (Enter neture of Injury in	Pert I or Pert II of item 18.)	
CAL	20c. TIME OF INJURY Month, Dey, Yeer 20d		CE OF INJURY (Home, fare		(County) (State)
MEDICAL	Hour e.m. Whi	101 111110	ory, street, office bldg., etc	c.) }	
2	21. I certify that X() (this hospital) atte	Bayeri Bayani	Amount 23	10.67 to Oct 13	1067 Hat OK (110) los
	saw the deceased alive onOc.t13	1060 the deceased from.	Bugusu239	200.4 10	17. W Illai (a) (we) las
			death occured at.1		on the date stated above
		rueik "	.D. PHYS.	MED. STAFF PHYS.	10/14/61 SIGNED
	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		
		K. M.D.	VAH Baltin	nore, Md-FORT HOWA	RD DIVISION
2	Be. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, town or o	ounty) (Stete)
	Burial (Specify) Oct. 17,196:	Baltimore Nati	onal	Baltimore	Maryland
2	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25e. RE	C'D BY REGISTRAR 25b. REGISTRA	R'S SIGNATURE
F	oward A. Evans Funeral Ho	me Baltimore	rles St. Marylando ATE, O	CT 17'61 archus	S. Kraus
1=	11. AB Mush Collins	TALE OFFICE CO	A MALEY AND WAREN		

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within 24 hours after	Pages 1 and 2 strong ours after death.
TO M PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executivitied by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2-strond of 5 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dearly.
DING PHYSICIAN: The law required by the hospital or attending phys	After this certificate has been signed etached for use as the burial-transit p of Health prior to burial, cremation,
TO BY PITAL OR ATTENI	TO FUNERAL DIRECTOR: S of director, page 3 should be de S of be filed with the State Dept. of

MARYLAN	D STATE	DEPARTMENT	OF	HEALTH
MARILAN	DSIMIL	DEPARIMENT	OF	HEALIN

11	155		CERTIFICAT	E	OF DEATH				11	145	
1. PLACE OF DEATE a. COUNTY Ba	altimore		MARYLAN	D	2. USUAL RESIDEN	Mary La	b. COUN		Residen	ce before a	dmission
	foutside corporete limi give neerest town)	ts,	c. LENGTH OF STAY IN	1Ь	c. city or town		rporete limits, write	RURAL a	d give	neerast toy	(n)
d. NAME OF HOSPI	TAL OR INSTITUTION (spitel, give street address)		d. STREET ADDRESS	5	Avenue			ON	ESIDENCE A FARM?
SPRING GI 3. NAME OF DECEASED	ROVE STATE	HOSP	Middle		Last	ndson	Month		Day	YES	ır
(Type or print) 5. SEX	Jose	-	P.	1.0	Milligan DATE OF BIRTH	DEAT	9. AGE (In years	cober		19	
male	white	7. MARRI	ED NEVER MARRIED TO	1	March 19, 1		lest birthdey) 57 yrs.	Months	Deys	Hours	Min.
10e. USUAL OCCUPAT done during most of wo Salesman			SIND OF BUSINESS OR INDU	JSTRY	Ma ryl	and	or foreign country)		S.	A.	COUNTRY
13. FATHER'S NAME Chai	rles Millig	an			14. MOTHER'S MAIDEN						
15. WAS DECEASED EV (Yes, no, or unkown) (I unknown	ER IN U.S. ARMED FOR	CES? 16.			ords: SPRI	NG (ROV	Address STATE	HOS	PITA	ΛL	
PART I. DEAT	H WAS CAUSED BY, IMMEDIATE CAUSE (a)	Car	line for (e), (b), end (c).	9 6	sophagus					TERVAL BE NSET AND	
geve rise to immed (a), steting the u cause lest.	nderlying DUE TO										
PART II. OTHER	R SIGNIFICANT CONDI	TIONS CO	NTRIBUTING TO DEATH BUT	ON	T RELATED TO THE TERM	IINAL DISEAS	E CONDITION GIV	EN IN PAI	RT 1(a)	19. WAS A	AUTOPSY ORMED?
200. ACCIDENT WOR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCU	JRED.	(Enter neture of injury in	n Pert I or Part	t II of itam 1B.)				
20c. TIME OF INJU Hour a.m. p.m.	RY Month, Day, Ye	er 20d. Whilet wo	aNot While		CE OF INJURY (Home, fe ory, streat, office bldg., e		ity or town)	(Co	unty)		(Stete)
	hat (I) (This trespi	iël) atter Oct.	ded the deceased from 2 19.61, and the	om	Sept. 41		o Oct. 2				
22e. SIGNATURE	0	1.1	1		ATTENDING	MED	STAFF	Solid		221	DATE SIGNE

22c. PHYSICIAN'S NAME (Type)

22d. ADDRESS

10-2-61

Stella Wachsler, M. D. 23a. BURIAL, CREMATION, 23b. DATE THEREOF

Same Portification Southeast Color France Kourse Funer I Home 1216 Orlin But more mine

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11156 CERTIFICATE OF DEATH

Reg. Dist. No. 146

I	1. PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE o. STATE MARYLAND	(Where deceased/lived. If institution: Residence before admission) b. COUNTY P
	b. CITY OR TOWN (If outside carporate limits, write RURNY and give nearest town) C. LENGTH OF STAY IN 16 C. CITY OR TOWN (C. CITY OR TOWN (If byside carporate limits, write RURAL and give nearest tawn)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION SOILERS PT. Rd. 303 SE	TRAS PT. Rd. e. IS RESIDENCE ON A FARM? YES NO Z
	3. NAME OF DECEASED (Type or print) Ella Canula Neal	4. DATE OF Month Day Year DEATH OCTOBER 16 1961
	5. SEX F-EMALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED APRIL 12,	9. AGE (In years lost sthday) 1873 9. AGE (In years lif UNDER 1 YEAR IV UNDER 24 HRS. Manths Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 111. BIRTHPLACE (Structure of working life, even if retired) Private family Camby	ote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATVER'S NAME DEORSE POSS LOUISE	e Hashington
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16 SOCIAL SECURITY NO. 17. INFORMANT (18 so. open known) (19 yes, give wor or dates of service)	eds 303 Sollers PT.Rd.
	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PAON AN HAMPONION	INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which by ARTERIO-Scleross	15 ha
	gove rise to immediate cause (o), stating the under-lying cause last. DUE TO (c) DUE TO	?/
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TELL 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 2
		in Part I ar Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Nat while at work at work at wark	arm, 20f. (City or tawn) (County) (State)
	21. I certify that lattended the deceased from April , 1945, to alive on 01 0000 6 , 196 , and that death occurred at 10	M, from the causes and on the dote stoted obove.
	ACTUAL William C. Hade M.D. 1400	DATE SIGNED OAK AVENUE 10-16-61
	PHYSICIAN'S WILLIAM C. Wade Du	Ndalt 22 ml.
	220. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 10-20-61 Mt. Calvary	22d. LOCATION (City. town/or county) (State) Baltimore, Maryland
-	23- FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. RI Charles R. Law 802 Madison Avenue DATE	CT 1 9 '61 Arthur S. Kraus
-		

1. Calls Winders PRILLIERC 50 Mrs. Stup tell NUMBER 18 303 Sollens PT. 124. 303 Sollens PT. 186. 2/13 Camilla NeAl Cciobin 16 61 Female Cel. 1 April 12/18/13 83 5 15 -Private Family Combridge, met. 4.5. SEMESTIC Louise Tashington Decase Ross Lense Horf 303 Schens Pilky. EARN apry Morenderis 15 mins. ARTERIC-SCHORESS 1001 2011/174 October 16, 61 April 1) 121 Est ch William C. Hade 140 Cak Avenue 1646 vi Sundalt 22 nd. William C. Wade

MARYLAND STATE DEPARTMENT OF HEALTH

341	ANTIANTE STATE PER ANTINCTURE OF THE	
DIVISION OF STATISTICAL F	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALT	IMORE 1, MARYLAND
11157	CERTIFICATE OF DEATH	11147

	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
M	Baltimore MARYLAND	STATE Maryland b. COUNTY
<u>ē</u>	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
9.0	Fort Howard 3 Days	Baltimore 3 V 0 1 -4-
TO 0	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
100 OSO	Veterans Administration Hospital	1011 W. North Avenue
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer
7.	(Type or print) FRANK J. NO	EL OF DEATH OCTOBER 7 1961
Ξ	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
ıt, w	Male Colored WIDOWED DIVORCED	9/30/98 63 yrs. Months Deys Hours Min.
in any event, within 72	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
any	Painter Construction	Baltimore, Maryland U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
E T	Frank Noel	Lavinia Lewis
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no, or unknown) (If yes give were ordetes of service)	INFORMANT Addrass
or remova	Yes WW I 218-14-7174 Cli	n.Rec.VAH, Balto.Md.Ft. Howard Division
re	18. CAUSE OF DEATH [Entar only one ceuse per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) LAENNEC'S CIRRHOS:	IS UNKNOWN
ion	S XI XXXX	
lema	Conditions, if any, which (b) BRONCHO PNEUMONIA	4 DAYS
Cre	geve rise to Immediate ceuse (a), stating the underlying DUE TO	
lei,	cause last. (c)	
pni	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
0	EMPHYSEMA. ARTERIOSCLEROSIS.	YES XXX NO []
rioi	208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED). (Enter nature of injury in Part I or Part II of item 18.)
State Dept. of Health prior to burial, cremation,	GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
ea		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)
, T	Hour a.m. While Not While	tory, street, office bldg., etc.)
pt.	21. 1 certify that (f) (this hospital) attended the deceased from.	Oct. 4 1961, to Oct. 7 19.61 that (1) (we) last
De		death occured at
tate	22e. SIGNATURE	22b. DATE
ō S	(PAULE)	ATTENDING MED. STAFF PHYS. SIGNED
=	22c, PHYSICIAN'S	22d. ADDRESS
×=====================================	NAME (Type) CHARLES E. ROWAN, M.D.	VAH. BALTO. MD. FT. HOWARD DIVISION 10/7/61
filed with the	238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	
# 8	REMOVAL (Specify)	
2	1 0	258, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
(4)	Caulie J. Klim 002 Madison Avenue	00T 4 0 104
1.	Charles R. Law Baltimore, Maryland	DATE USI 10'61 Outling S. Flores

TO EVENTIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11158 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b COUNTY Baltimore Maryland MARYLAND owas death. b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporata limits, write RURAL end give nearest town) and write RURAL and give neerest town) þ 35 Days Fort Howard Elkridge === hours after Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Veterans Administration Hospital 2116 Church Avenue YES NO 3 papers. n 72 hou completely NAME OF Last 4. DATE Month Day First Middle DECEASED 1961 11 DEATH October (Typa or print) PAIMER .TOHN carbon 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR last birthdey) and November 4,1894 WIDOWED DIVORCED Male Negro 12. CITIZEN OF WHAT COUNTRY? physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) remove dona during most of working life, even if retired) U. S. A. Middlerille, Georgia Railroad Trackman 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ease 2 attending | Then please Mary Lewis Tather Palmer
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address the Baltimore 18, Maryland Clinical Records, VAH, Fort Howard Division (Yes, no, or unkown) | (Ifyes give weror detes of service) remova ending physician. been signed by the permit. INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: UNKNOWN MYOCARDIAL INFARCTION IMMEDIATE CAUSE (e) has been signed he burial-transit XXXXXX ARTERIOSCIEROTIC HEART DISEASE UNKNOWN attending Conditions, if env. which gava risa to immediata cause DUE TO (a), steting the undarlying burial, hospital or and secondificate has cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Hypertensive Cardiovascular Disease. Rt. Inguinal Hernia. 0 NO 3 prior 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached for the be retained by the CTOR: After this MEDICAL 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, ferm, ! (County) (State) 20c. TIME OF INJURY Month, Dev. Yeer 20f. (City or town) factory, street, office bldg., atc.) While Not While Hour a.m. o, DIRECTOR: et work at work 19 61 to October 21. I certify that X) (this hospital) attended the deceased from September 6% 19.61 e 3 should the State D saw the deceased alive on Oct. 22e. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. M.D. FUNERAL 22d. ADDRESS VAH, BALTO.18, MD., FORT HOWARD DIVISION TO FUNE director, p CRAHAN. M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. To REMOVAL (Specify) Cemetery Baltimore Raltimore National Buria] 250. REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) Ciriling & Traces Arlington S. Phillips, 1808 N. Monroe St. Balto. 17DATE 15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH

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STATE DEPARTMENT OF HEALTH

STATISTICAL RESEARCH AND

W. PRESTON STREET, BALTIMORE 1, MARYLAND F1LM 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) 1. PLACE OF DEATH e. COUNTY b. COUNTY Baltimore Prince George MARYLAND Mary Land b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL end give neerest town) College Park, Maryland Catonsville 11vr7mth9dys e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress d. STREET ADDRESS ON A FARM? 1805 Calvert Road HOSPITAL YES NO X NAME OF First 4. DATE Month Middle DECEASED DEATH Oct (Type or print) Julian Palmore 8, 19 61 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR B. DATE OF BIRTH IF UNDER 24 HRS. last birthdey) Months male white WIDOWED DIVORCED Jan. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) U. S. A. chemist food industry Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordetesofservice Records: SPRING unknown unknown GR.OVE STATE HOSPITAL INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Cardiac FAILURE MINUTES IMMEDIATE CAUSE (a) DUE TO ARTERIOSLEROSIS Conditions, if eny, which geve rise to immediate cause DUE TO (a), steting the underlying CARDIO-VASCULAR DISEASE PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' (County) (State) 20c. TIME OF INJURY Month, Dev. Yeer 20f. (City or town) fectory, street, office bldg., etc.) While Not While Hour a.m. et work et work D.m. Oct. 8 19.6 1, that (1) (we) last 21. I certify that A (this hospital) attended the deceased from Dec. 28. 19 19 to ..., and that death occured at M.A.M., from the causes and on the date stated above. saw the deceased alive on. 22b. DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS GROVE STATE HOSPITAL NAME (Type) Catonsville 28. Maryland 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stale) REMOVAL (Specify) ransportation Oct 11, 1961 Cartersville Virginia 24 FUNERAL DIRECTOR'S SIGNATURE 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE arthur S. Mrsus DATE

funeral the day by th ed in la Pages filled papers. completely carbon and physician remove please attending Œ ig physician, signed by th the burial-transit attending peen has 6 certificate as use prior for the After this Healt detached þ may be retained DIRECTOR: pluods ate FUNERAL P F F B VR A15 (4) 15M 9/60

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the funeral within 24 hours after TO H. ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executify within 24 to death. Page 4 may be retained by the hospital or attending physician.

Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Lember 5 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours affected. r, within 72 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

YLAND DI 11150

ISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY
11160	CERTIFICATE OF DEATH

	1. PLACE OF DEATH			2. USUAL RESIDEN	ICE (Where deceased livad, If It		idence before admission)
	Baltimore		MARYLAND	Maryland	b. COUNT	Y	3 VO1-4
	b. CITY OR TOWN (if o	outsida corporata limits, iye naarast town)	61 Days	c. CITY OR TOWN	(If outside corporata limits, write		
-	d. NAME OF HOSPITAL	L OR INSTITUTION (if not in hos		d. STREET ADDRESS	ers Road, Balti	nore r	e. IS RESIDENCE
0	Veterans Ad	ministration Ho	ospital	7115 Chambe	ers Road		YES NO
	3. NAME OF DECEASED	First	Middla	Last	4. DATE Month		Day Year
	(Typa or print)	ANTON		PATEK	DEATH October		11 1961
	5. SEX 6	6. COLOR OR RACE 7. MARRIE	D X NEVER MARRIED	B. DATE OF BIRTH		F UNDER 1 YE Months Day	
1	Male	White WIDOWE	D DIVORCED	April 5. I		Monins Day	ys Hours Min.
	10a. USUAL OCCUPATION dona during most of working		IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Cou	nty & Stata, or foreign country)	12. CITIZE	N OF WHAT COUNTRY?
	Messenger		y Fire Departm	ment Baltimon	re, Maryland		U. S. A.
	Rudolph Pate	ek		Antonette	Tomasek		
	15. WAS DECEASED EVER		SOCIAL SECURITY NO. 17.	INFORMANT	ls, VAH, Baltimon	18	Momrland
	Yes	WW II 21	.8-01-6302 FOI	T HOWARD DIV	IB, VAR, DELICINOI	e 10,	Mar y Larid
1		ATH [Enter only one causa par i		T HOMOTOD DIA	LOTON		INTERVAL SETWEEN ONSET AND DEATH
	PART I. DEATH		UNKNOWN				
ı	163	DUE TO	INOMATOSIS, UN		TIMO		UNKNOWN
	Conditions, if any,	which (b)	CHOGENIC CARCI	NOMA, RIGHT	TONG		OMMINOWIN
	gava risa to immadiate (a), stating the und	DIFT					
	causa last.	(c)					
	PART II. OTHER S		NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	N IN PART 1(PERFORMED?
	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY M	CAUSE OF DEATH	CRISE HOW INJURY OCCURE	D. (Entar netura of injury in	Part I or Part II of itam 18.)		
	20c. TIME OF INJURY Hour a.m.	Month, Day, Year 20d. While 19 at wor	Not Whila fac	ACE OF INJURY (Home, far story, streat, office bldg., etc		(Count)	(State)
		nt (OK (this hospital) attended alive on Oetober	ded the deceased from 11 1961, and tha	August 11.4	P/M, from the causes a	11., 16.1. and on the	that (F) (we) last date stated above.
	22a. SIGNATURE	mu der	W M D -	ATTENDING	MED. STAFF DIRECTOR PHYS.		22b. DATE 10/12/61
	22 PHYSICIAN'S NAME (Type)	, -)		22d. ADDRESS	IMORE, MARYLAND	EU HO	WARD DIVISION
	23a. BURIAL, CREMATION REMOYAL (Specify) Burial	N, 23b. DATE THEREOF	23c. NAME OF CEMETERY Baltimore		23d. LOCATION (City, tow	n or county)	(State) Maryland
1	24 FUNERAL DIRECTOR'S		ADDRESS		C'D BY REGISTRAR 25b. REG	ISTRAR'S SIC	SNATURE
	Leonard J. F	Ruck & Sons, 530	5 Harford Rd.,	Balto. 14 DATOC	T 1 3 '61 and	- 8. Ha	anta ===
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	11167	CERTIFICATI	E OF DEATH	194	11	151	
1. PLACE OF DEA	АТН		a. STATE	ICE (Where deceased lived, If i		nce belore adr	nission
	Baltimore			yland			
	'N (if outside corporete limit and give nearest town)	c. LENGTH OF STAY IN 16	e. CITY OR TOWN	(If outside corporete limits, write	KUKAL and give	naerest town)	
Fort Howa:	rd	12 Days	Baltimor		3 VOI	1-4	
d. NAME OF HO	SPITAL OR INSTITUTION (if	not in hospitel, give street eddress)	d. STREET ADDRESS			e. IS RESI	DENC
Teterana	Administratio	n Hospital	3230 Ram	enwood Avenue			10 T
3. NAME OF	First	Middle	Last	4. DATE Month	Dey	Yeer	A
DECEASED (Type or print)	TIPAT		DESTRICATION	OF DEATH	1 7/	19 6	2
S. SEX	6. COLOR OR RACE		RETNHARD B. DATE OF BIRTH	9. AGE (In years			
			- / -0	lest birthdey)	Months Deys	Hours	Min.
MALE	WHITE		uly 6, 189		12. CITIZEN C	DE WHAT CO	LINITO
done during most of	PATION (Giva kind of work f working life, aven if retired	10b. KIND OF BUSINESS OR INDUSTR	II. BIKIHPLACE (Cou	inty & State, or foreign country)	12. CHIZEN C	or what co	UNIK
Assembly	nan	Automobile Mfg C	o Baltimore.	Maryland	USA		
3. FATHER'S NAM	E		14. MOTHER'S MAIDEN	NAME			
John G. I	Reinhard		Louise Was	ner			
S. WAS DECEASED	EVER IN U.S. ARMED FOR		INFORMANT	Address			
	(If yes give wer or detes of se		n Rec VAH 1	Baltimore Md F	4 Herrard	Diesia	2
Yes	F DEATH [Enter only one	cause per line for (e), (b), end (c).]	II Rec VERT	DEC. GIRILOTE FIG. F		TERVAL BETW	EEN
PART I. DI	EATH WAS CAUSED BY:	CONCECUTION IN ADM	DATEUR		01	NSET AND DE	-
1100	IMMEDIATE CAUSE (e)_	CONGESTIVE HEART	PATLURE			17 DAY	2_
720	DUE TO						
Conditions, if	1-1-	ARTERIOSCIEROTIC	HEART DISEAS	SIE		UNKNOW	N
gave rise to imr	DIJE TO						
cause last.	(c)_						
PART II. OT	THER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	EN IN PART 1(a)	19. WAS AU PERFOR	
<u> </u>							0 4
20e. ACCIDENT	WAS UNDERLYING []	20b. DESCRIBE HOW INJURY OCCURED), (Enter netura of injury in	Pert I or Pert II of item 18.)			
OR CONTRIBUT	ING CAUSE OF DEATH	79					
		LOO L BUILDING COURSED LOO BLA	CE OF INITIDY (Here for	- 1 201 (City 1)	(County)	15	tete)
20c. TIME OF I			ACE OF INJURY (Home, fer tory, street, office bldg., at		(County)	(3	1010)
w l	.m. 19	et work et work		1			
21 L cortify	w that 181 (this hospit	al) attended the deceased from.	October 1	19.67 toOctober	76. 1961	that OR (w	(e) I
any the dea	passed alive on Octo	ober 16, 19.61., and that	death occured a	45 M from the causes	and on the d	bates atel	aho
		J.J. J.	dealli occured al.,	DM., II offi file causes	and on me d	22b.	
22a. SIGNATU		an an	ATTENDING	MED. STAFF			SIGN
22 21115	(1) c)	De III M	A.D. PHYS.	DIRECTOR PHYS.		10-1	0-0
22c. PHYSICIA	voel - Cours	a solution in the second					
	Daniel R.	Zoil / M.D.	VAH Balti	more Md - Ft H	oward Di	vision	
3e. BURIAL, CREM	AATION, 236. DATE THER	EOF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tov	vn or county)	(Stat	a)
REMOVAL (Spec	10/20/6	Parkwood Cem	eterv	Baltimore	Marvlan	d	
24 FUNERAL DIREC		ADDRESS		C'D BY REGISTRAR 256. REC			
		4210 Belair R	load 00	T 4 0 104			
222 7 2 - 1- 2	D 7 77	изто ветать и	DATE	1 1 9 61 art	hun S. Than	A	

Baltimore Maryland

death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be defached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any even, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
11169 CERTIFICATE OF DEATH
1152

1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where deceesed livad, If institution, Residence before admission)
Ballemore County MARYLAND	B. STATE MD. b. COUNTY B. At. C.
b. CITY OR TOWN (if outside corporeta limits, // c. LENGTH OF STAY IN 1b	c, CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)
write RUPAL and give nearest town)	V Daniel L
MANDALLS 10WN	X KANDALLSTOWN
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
SION CASSEN RDI	13/04 CASSEN RD, YES NO
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Typa or print) EDEDERUE S. RIDIA	M/AV DEATH OCT, 3, 196/
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
11 lal	Asid IECO (ast birthday) Months Deys Hours Min.
/Y/, WIDOWED DIVORCED	AN, 10, 1000 P/ YES.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
PRINTER, HARRY SISCOTT PRINTING	o MD, U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
SAMUEL S. RIDGLINAV	SALL ANNIE H, SNEAD
	INFORMANT USS ETHEL G., RIDGAWAY
(Yes, no, or unkown) (Ifyesgivewerordetesofservice) 717-12-13061 M	ISS ETHEL G. PIDGAWAY
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	704 CASSEN RD: RANDALLS TO WIY MIL
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) Which hearly	arture
450.0 DUE TO - 1/1	
Conditions, if eny, which \ (b) (1) fer 10 800	Croses
geve rise to immediate ceuse	
(a), steting the underlying but to could old ES2	
(6)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?
V C	YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter neture of injury in Pert I or Part II of item 1B.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stata)
at west at west	lory, street, office bldg., etc.)
	16 UK 10 1 Bol 3 10/ a star (1) (wa) last
	19 45, 19 to Och
saw the deceased alive on U.U	death occured at 21.M. from the causes and on the date stated above.
220. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
Accuracy N	I.D. PHYS. DIRECTOR PHYS. DOCK 461
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) 11. W. SCHEYE ML	392, EDMONDSON HUE
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify) 10/6/1/1 1000000 F	OF CENTY BALTA, MD.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	11, ET 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
11.1-1-	OCT 6 161 Oct of there
WITZKE FUN. DIR, 410/ EDMOND	SON DATE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

11163 CERTIFICATE OF DEATH 11153

1. PLACE OF DEATH o. COUNTY Bal	ltimore		MARY	LAND	2. USUAL RESIDE	Md.	ere deceosed	lived. If instituti b. COUNTY		before admissional ltimor	- '
RURAL and give ne	outside corporate limit orest town) Ltimore	ts, write c	. LENGTH OF STAY	IN 16	c. CITY OR T		itside corpore	ote limits, write F	RURAL ond giv	re nearest town)	
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospitol, g lgeway Ma	nor N	ursing F	Iome	d. STREET A		y Lar	ne #7		e. IS RESII ON A YES	FARM?
3. NAME OF DECEASED (Type or print)	Edna Edna	st	Middle W.		Riggs		4. DATE OF DEATH	Oct	. 19	, 1	ear 961
female	6. COLOR OR RACE white	7. MARRIED			DATE OF BIRTH		96	AGE (In years lost birthdoy)	Months D	oys Hours	R 24 HR Min.
10a. USUAL OCCUPATIO during most of work housewife 13. FATHER'S NAME	N (Give kind of work c ing life, even if retired)	done 10b. Klf	ND OF BUSINESS OF		RY 11. BIRTHPL	ACE (State of	r, Ca		U.	S. A.	DUNTRY
John Wats						garet	Lamb		T EXT		
1S. WAS DECEASED EVER (Yes, no. or unknown)	R IN U. S. ARMED FOR If yes, give war or dates of se		7-34-907	1	elen J	. Bur	n, 61	108 Sur		ne #7	
CATIC	nmediote DUE TO the <u>under-</u> ER SIGNIFICANT CONI	DITIONS <u>CO</u>		1.70	165				VEN IN PART 1	I(o) 19. WAS A PERFOR	RMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OF	CCURRED.	(Enter noture of	finjury in P	ort I or Port	II of item I8.)			
ZOc. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yeo	While of work	Not while		E OF INJURY (Fory, street, office			or town)	(Co	unty)	(Stot
	t (I) (this haspital ed alive an Oc	1			ath accurred	195	M, fram t	he causes ar		, that (I) (w	
220. SIGNATURE	a hast	W =	产 、	M	ATTENDING	DIR	D. ECTOR	STAFF PHYS.	5: 5 3	22b	DATE SIGNE
22c. PV/SICIAN'S NAME (Type)	John A.	Nesb	itt, Jr.	, M.	22d, ADDRE 4 S		ling	Rd.		ora (gaga grupo cospo sonos spiros Alfres minis minis munis majo	
23a. BURIAL, CREMATION CREMOVAL (Specify) Cremation	1 1	61	Loudon					ON (City, town, imore.	Mary]	(Stote	:)
24. FUNERAL DIRECTOR'S	s SIGNATURE Hubbard	4107	ADDRESS Wilkens	s Av	enue	25a. REC'D	BY REGISTR		STRAR'S SIGN		Ŧ

may Extended by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, name 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with ours after death. Page 4 ar remaval, and in any event, within 72 haurs after death AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within page 3 shauld be detached far use as the burial-transit permit. the State Baard of Health priar ta burial, cremation, ar remaval, TO HO

VR A1S (4) 1SM 9/59

88111 EBELL - Hould Dast Address Hanco Funding Hogs 6100 Sunny Lone 7 W. 11888 19, 19, х сс. 22, 1898 64, га. Meduregor, Unada U. B. M. Con of the second John Hatson Sir-th-org Belen J. Burn, 6100 Sunny Line W and the second desired in some of the

oranevite $j_{i}^{\ell}(i)/(i)$. Toudon fark Orongo, Selfi for , respins toward H. Eubenre electricae avenue

John A. Madhist, In., M.I. & D. Holling Md.

funeral within 24 hours after completely filled in by the death. papers. Pages I n 72 hours after law requires that the death certificate be ext physician and Then please remove hospital or attending physician. certificate has been signed by the attending and removal, burial-transit permit. e hospital as o prior for use

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND					
11164	CERTIFICATI	E OF DEATH	1	1154	
e. COUNTY Baltimore	MARYLAND	a. STATE	b. COUNTY Ba	sidence before admission)	
b. CITY OR TOWN (if outside corporate limits, write RURAK end give nearest town)	c. LENGTH OF STAY IN 1b	CITY OR TOWN (If outside corpo	rete limits, write RURAL end	give nearest town)	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos 2/7 Cable Vil	lage-	217 Oaples	Village	e. IS RESIDENCE ON A FARM? YES NO	
NAME OF DECEASED (Type or print) TOHN O.	ROBINSO.	N Sp 4. DATE OF DEATH	Out. 2	7 196/	
my WHOOWE	D DIVORCED	10/1/94	o7 yrs.	eys Hours Min.	
one during most of working life, even if retired	A Set.	md	oreign country) 12. CITIZ	EN OF WHAT COUNTRY?	
Ephriam Ro	binson	14. MOTHER'S MAIDEN NAME	ung		
(es, no, dyunkown) (If yes give war or dates of service)	31030757	the O. Robi	inson of	7-	
18. CAUSE OF DEATH (Enter only one cause per I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	otonary	o celusion		ONSET AND DEATH	
420.0 DUE TO				-	

arlemanterstin Heart Hestast Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While While Hour a.m. at work at work p.m. 1960, to Octo 27, 1961, that (1) (400) last 21. I certify that (I) (this hospital) attended the deceased from Dec saw the deceased alive on OCA 16 1961, and that death occured at P.M. from the causes and on the date stated above. 22b. DATE 22e. SIGNATURE ATTENDING MED. DIRECTOR STAFF SIGNED D PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Emmett P. Davis 1515 Washington Blvd. Baltimore 30, Md.

23c. NAME OF CEMETERY OR CREMATORY

DATE

ADDRESS

23d. LOCATION (City, town or county)

250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

(State)

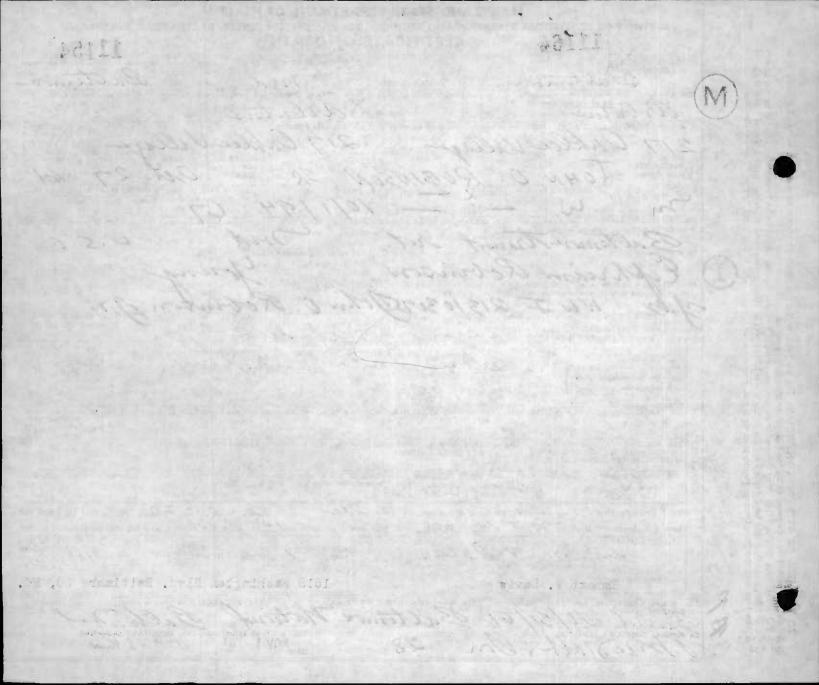
TO FUNERAL VR A15 (4) 15M 9/60

director, page be filed with t

23a. BURIAL, CREMATION, 23b. DATE THEREOF

FUMERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)



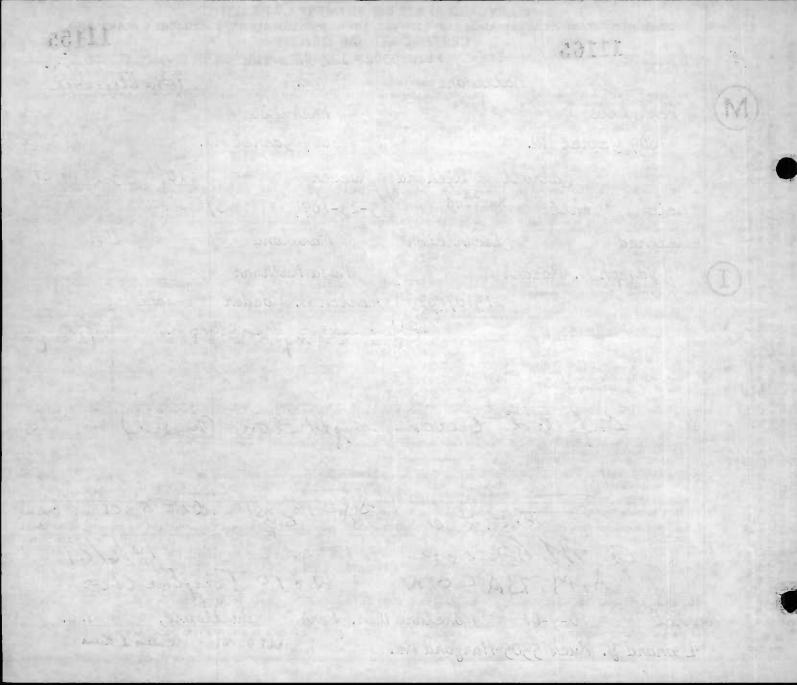
TO PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exertive the nithin 24 hours after the death. Page 4 may be retained by the hospital or attending physician.

> TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

		PLACE OF DEATH	2. USCAL BESIDENCE	Afera decessed livad, If Institution: Re	esidence before edmission)
		Baltimore Maryland	a. STATENd.	b. COUNTY	
		b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outsi	ida corporate limits, write RURAL end	give neerest town)
		write RURAL and give neerest town)	X Parkvill		
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS		a. IS RESIDENCE
9		2809 Garnet Rd.	1 2809 Garn	et Rd.	YES NO A
	3.	NAME OF First Middle		DATE Month	Dey Yeer
		DECEASED	1 1	DEATH 10	5 19 61
	5.			9. AGE (In years IF UNDER 1	
		male white will all or orces 5	-23-1894	6 birthday) Months D	Peys Hours Min.
		USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	11. BIRTHPLACE (County & S	tate, or foreign country) 12. CITI	ZEN OF WHAT COUNTRY?
		Retired Electrician	Maryland		USA
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
1		Joseph H. Roeder	Rosa Kathm	an	
J		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I. s. no. or unkown) ((Ifyasgivewerordetesofservice)	NFORMANT	Address	
	(,,,		arian B. Roe	der same	
		1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]		1	ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	onary o	cclusion	17 days
		420.1 DUE TO			
		Conditions, if eny, which (b)			
		geva rise to immediate ceusa (e), stating the underlying DUE TO			0.0120
		cause lest. (c)			
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY PERFORMED?
	CERTIFICATION	Infelled tursa,	rightello	no ("kieled)	YES NO
)	TIFIC	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH	(Entern ture of injury in Part I	or Pert II of item 1B.)	
		(IF EITHER, NOTIFY MEDICAL EXAMINER)			
	MEDICAL	to all	CE OF INJURY (Home, ferm, 20 ry, streat, offica bldg., atc.)	Of. (City or town) (Coun	ity) (State)
	MED	Hour a.m. While Not While et work et work	22		
		21. I certify that (I) (this hospital) attended the deceased from	Defet 18, 196	1, to Octors, 196	, that (I) (No.) last
		saw the deceased alive on Cet, 5 1961, and that	death occured a M	, from the causes and on th	
-		22e. SIGNATURE	ATTENDING/ MED.	STAFF 60	22b. DATE SIGNED
E		Ci. M. Oction M.	D. PHYS. DIRECT		6/6/
		22c. PHYSICIAN'S NAME (Typa) A M PAC	22d. ADDRESS	T- D/	3
		A,M, BACON	2810	1 ayear G	we.
		BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CREMOVAL (Specify)	n 1	d. LOCATION City, town or county) (State)
6		ial 10-9-61 Moreland Me		Baltimore,	Md.
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY	REGISTRAR 25b. REGISTRAR'S S	IGNATURE Trans
1	1	onard J. Ruck 5305 Harford Rd.	DATE UG1	3 01 (1)	



ILL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exerted within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

S > TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
11156

1. PLACE OF DEATH			If institution: Residence before edmission)
BALTIMORE	MARYLAND 6. STATE	RVIAND b. CO	BALTIMORE
		VN (If outside corporete limits, w	rite RURAL end give neerest town)
write RURAL end give neerest town)	V		
TOWSON		WSON	
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give s	d. STREET ADDR	ESS	e. IS RESIDENCE ON A FARM?
TOWSON CONVALESANT HOME	701 WA	SHINGTON AL	ENVE YES NO W
3. NAME OF First DECEASED	Middle Last	4. DATE Mo	nth Dey Year
(Type or print) WILLIAM ADTHI	R ROGERS	DEATH OCT	OBER 28 196/
5. SEX 6. COLOR OR RACE 7. MARRIED NEVE		9. AGE (In yee	
MALE WHITE WIDOWED	DIVORCED OCT. 23,	1874 87 yrs.	Months Doys 10033 Mins
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	SINESS OR INDUSTRY 11, BIRTHPLACE (C	County & State, or foreign countr	y) 12. CITIZEN OF WHAT COUNTRY?
At a	PLOYED MARVLY	AND	USA
13. FATHER'S NAME	14. MOTHER'S MAIL	DEN NAME	
WILLIAM HENRY ROFER	5		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SE		Addre	SS
(Yes, no, or unkown) (Ifyesgivewerordatesofservice)	EANALLY R	ECORDS	
	(b), end (c),	COKOG	I INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:		- 1	ONSET AND DEATH
IMMEDIATE CAUSE (e)	compen	2dler	- INNS.
442 X DUE TO . 11	0 0 0	7 1. 0	0
Conditions, if eny, which \ (b)	iuscherote (a	Indu-Kou	
geve rise to immediate cause	1	1	7
(e), steting the underlying cause lest.	" Dellar &	liceans	10 kg
10/	TO DEATH DEPENDENCE REVAILED TO THE TE	KMINA DINEASE CONDITION	IVEN IN PART TOPSY WAS AUTOPSY
E C			PERFORMED?
<u>V</u>			(YES NO LA
PART II. OTHER SIGNIFICANT CONDITIO	/ INJURY OCCURED, (Enter neture of injury	y in Part or Pert II of item 18.)	
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OC	CURRED 2De. PLACE OF INJURY (Home,	, farm, ; 2Df. (City or town)	(County) (State)
20c, TIME OF INJURY Month, Dey, Yeer 20d, INJURY OC While Not W at work et w		, etc.)	
p.m. 19 at work et w	ork	10 00 /	1
21. I certify that (I) (this hospital) attended the	deceased from	1947, to Och	lele., 1961, that (I) (we last
saw the deceased alive on	a.f, and that death occured a	3	s and on the date stated above.
22e. SIGNATURE	ATTENDING	MED. STAFF	22b. DATE
Ellanton our	M.D. PHYS.	DIRECTOR PHYS.	10/30/6/
22c. PHYSICIAN'S	22d. ADDRESS	. 01	
NAME (Type) DOVES FOIL	Drivel 7-501	Work Rd.	- leurent of m
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NA	ME OF CEMETERY OR CREMATORY	23d. LOCATION (City,	town or county) (Stete)
REMOVAL (Specify) REMOVAL (Specify) REMOVAL (Specify)	SPECT HILL PEN	1. 701115011	MA
DUKING DURGEON'S SIGNATURE	DRESS JOSE	REC'D BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE
24 FUNERAL DIRECTOR'S SIGNATURE AD	a mel	NOV 2 '61 C	Tribus S. Trans
I will isume some, low	DOM, MAG. DATE		

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funer PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY STATE b. COUNTY Baltimore the day MARYLAND Maryland by th b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) writa RURAL and give nearest town) Fort Howard .5 Days Baltimore Pages aff filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Veterans Administration Hospital 212 Parkwood Road completely 3. NAME OF 4. DATE DECEASED OF (Type or print) DEATH WILLITAM RYAN October carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR B. DATE OF BIRTH last birthday) and Months Male WIDOWED & DIVORCED December physician 10a, USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? remove dona during most of working life, evan if ratirad) Engineer Power House Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please death .= attending and MN: Unknown Samuel Ryan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Then requires that the Clinical Records, VAH, Baltimore 18, Maryland (Yas, no, or unkown) | (Ifyasgive war or datas of servica) 212-10-2184 Fort Howard Division the 18. CAUSE OF DEATH [Entar only ona cause par lina for (a), (b), and (c). physician. signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit RIGHT LUNG AND TUBERCULOUS PNEUMONIA peen gave rise to immadiata causa DUE TO (a), stating the undarlying has the ha ö CERTIFICATION hospital certifical as 0 use prior 20a. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) OR CONTRIBUTING [] CAUSE OF DEATH Po the (IF EITHER, NOTIFY MEDICAL EXAMINER After P 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, ' Month, Day, Year factory, straat, office bldg., etc.) While Not Whila Hour a.m. at work at work

INTERVAL BETWEEN ONSET AND DEATH BILATERAL TUBERCULOSIS, PULMONARY, WITH CAVITATION UNKNOWN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO P (County) (State) 6:40. to October 9., 1961, that (x) (we) last 21. I certify that OK (this hospital) attended the deceased from October ... 6. 19.61, and that death occured at AM...M, from the causes and on the date stated above. saw the deceased alive on October 9 22b. DATE 22a. SIGNATURE ATTENDING SIGNED 10/9/61 DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S VAH, BALTIMORE 18, MARYLAND, FT. HOWARD DIV. NAME (Typa) SEBASTIAN RUSSO, M.D. 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) REMOVAL (Spacify) Baltimore County, Maryland Gardens of Faith Burial 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Wm. Cook-Blight, Inc., 6009 Harford Rd., Balto, 14 DAIGGT 1 0 '61 arthur & Kraus Md.

Baltimore

Days

e. IS RESIDENCE ON A FARM? YES NO

19

Hours

U. S. A.

IF UNDER 24 HRS.

Min.

may be retain DIRECTOR: should PITAL Pam. Page 4 FUNERAL di di OI VR A15 (4) 15M 9/60

Tied Tell

Veter as all frequency of the serveted

Antigmit , execute that

present on a strencture or a little of a strence of the contraction.

BOLD REPORT NUMBER, IT. SO THE PROPERTY DESCRIPTION OF THE PROPERTY DATE.

medical 10-11-6/ significant section

and the state of t

death. Page 4 may be retained by the hospital or attending physician.

TO WORLD ATTENDING PHYSICIAN: The law requires that the death certificate be executed by the hospital or attending physician.

TO FUREAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

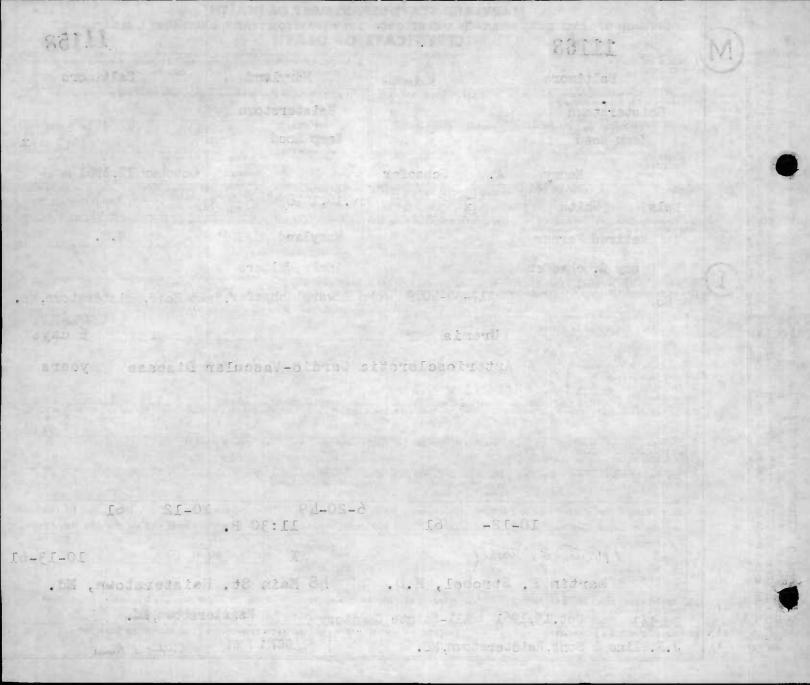
MADVIAND STATE DEPARTMENT OF HEALTH

DIVISI	 	OF DEATH	I 1158	}
PLACE OF D	MARYLAND	2. USUAL RESIDENCE (Where do e. STATE Maryland		mission)

Baltimore	MARYLAND	e. STATE Mary	land	b. COUNTY Ba	ltimore		
b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporete lin	nits, write RURAL end	give neerest town)		
write RURAL end give neerest town) Reisterstown		X Reister	stown				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pitel, give street eddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?		
Kemp Road		Kemp Roa	d		YES NO		
3. NAME OF First DECEASED	Middle	Last	4. DATE OF	Month	Dey Yeer		
(Type or print) Henry A.	Schaefer		DEATH (October 12	,1961 19		
5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In yeers IF UNDER 1			
Male White WIDOWE	DIVORCED NO	ov.16,1876	1 04	yrs.	eys Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	IND OF BUSINESS OR INDUSTRY	Maryland			.S.		
13. FATHER'S NAME		4. MOTHER'S MAIDEN	NAME				
Henry C.Schaefer		Annie Wa	lters				
	SOCIAL SECURITY NO. 17. IN			Address			
(Yes, no, or unkown) (Ifyesgivewer or detes of service) 2	17-36-4089 John	n Edward Sc	haefer, Kemj	Road, Rei	sterstown, Mo		
18. CAUSE OF DEATH [Enter only one cause per	line for (e), (b), end (c).]				INTERVAL BETWEEN		
PART I. DEATH WAS CAUSED BY:	remia				onset and death		
111	Olius &						
422./ DUE TO		a	77	D.			
	eriosclerotic	c Cardio-	Vascular	Disease	years		
geve rise to immediate cause (e), stating the underlying DUE TO							
ceuse lest. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERM	INAL DISEASE CONDIT	TION GIVEN IN PART	1(e) 19. WAS AUTOPSY PERFORMED?		
					YES NO		
	SCRIBE HOW INJURY OCCURED.	Enter neture of injury le	n Part I or Pert II of item	18.)			
Hour e.m. Whil	f 4 1	E OF INJURY (Home, fer y, street, office bldg., et	rm, 20f. (City or tow	n) (Cour	nty) (State)		
21. I certify that (I) (this hospital) atter		6-20-119	10 to 7 (12 196	T, that (I) (we) las		
saw the deceased alive on 10-12.	- 1067 and above	doub occupad bil	· 30 Pom the	causes and on t	he date stated above		
	and mar	Beath occured Ten		causes and on t	22b. DATE		
220. SIGNATURE Martin & Strile	ed M.C		MED. STA		10-13-6		
22c. PHYSICIAN'S		22d. ADDRESS					
NAME (Type) Martin E. Sti	robel, M.D.	48 Ma	in St. Re	eistersto	own, Md.		
23e. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY		(City, town or county	(State)		
REMOVAL (Specify) Burial Oct.15,1961	All-Saints Cer	meterv	Reister	stown, Md.			
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2Se. R	CT 1 7 '61	25b. REGISTRAR'S	IGNATURE		
J.F. Eline & Sons, Reister				arthur 8. +			

VR A15 (4)

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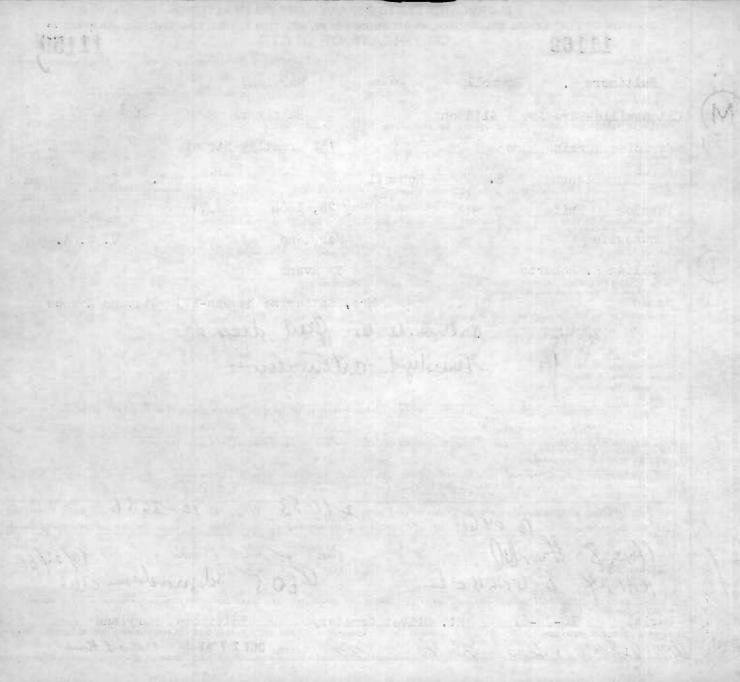
TO FITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be extend the within 24 hours after death page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
11169 CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where decessed lived, If institutions Re	
	give nearest town)
Daltimam 3V	01.4
	e. IS RESIDENCE
d. STREET ADDRESS	ON A FARM?
767 Grantley Street	YES NO
Last 4. DATE Month	Day Year
DEATH	19 61
8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1)	
	eys Hours Min.
	ZEN OF WHAT COUNTRY
	S. A.
14. MOTHER'S MAIDEN NAME	
? Evans	
INFORMANT Address	
Kathanina Norman 1220 Starana	Assoning
s. hadderine Newman-12)U Stevens	Avenue
artenselerses	
OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
D. (F	YES NO
D. (Enter neture of injury in Part of Pert of Item 10.)	
A CE OF INTUINY (Home form 1 200 (City on Annual)	ty) (Stete)
	(3:616)
211-35, 19 to 10-26-19	, that (I) (we) las
	ne date stated above
a death decard diffinition, from the dates and on the	22b, DATE
ATTENDING MED. STAFF	SIGNET
	(42461
(COC Glander	Tuo
4003 reprove ~	aux
OR CREMATORY 23d. LOCATION (City, town or county)	(Stete)
metery Baltimore, Marylan	d
emetery Baltimore Marylan 250. REC'D BY REGISTRAR 256. REGISTRAR'S S.	d IGNATURE
	2. USUAL RESIDENCE (Where decessed lived, If institution: Res. STATE b. COUNTY Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL end Baltimore d. STREET ADDRESS 767 Grantley Street Last 4. DATE Month OF DEATH OCt. 8. DATE OF BIRTH May 28, 1884 [RY] II. BIRTHPLACE (County & State, or foreign country) Maryland 14. MOTHER'S MAIDEN NAME ? Evans INFORMANT Address INFORMANT Address INFORMANT Address INFORMANT Address OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART D. (Enter nature of injury in Part I or Part II of item 18.) ACE OF INJURY (Home, farm, 20f. (City or town)



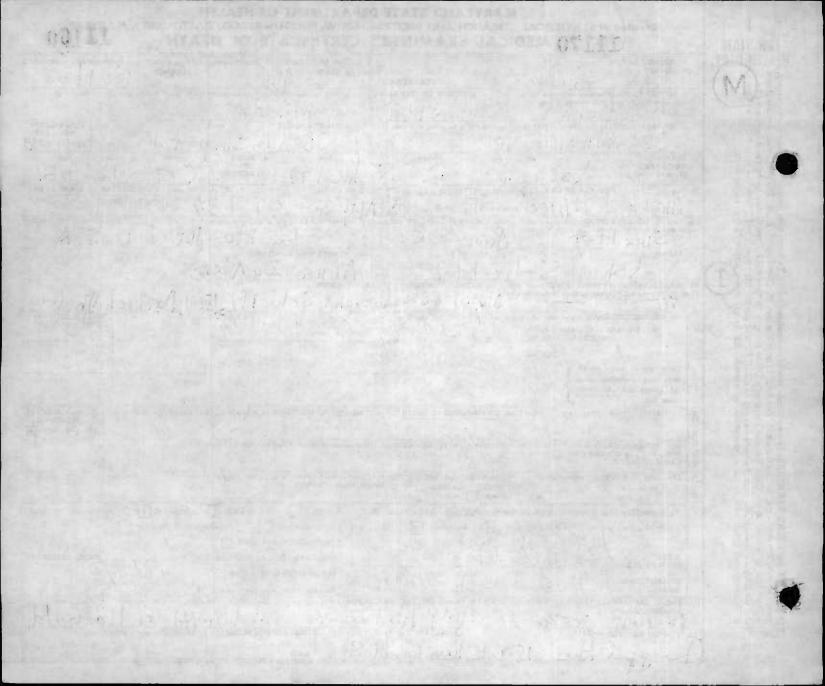
FOR STATE HEALTH DER TO D. UTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health or is designated agent, prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11170 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

B. COUNTY D. CITY OF TOWN IF notice cappain limits, c. LENGTH OF STAY IN 19 D. CITY OF TOWN IF notice cappain limits, c. LENGTH OF STAY IN 19 D. CITY OF TOWN IF notice cappain limits, c. LENGTH OF STAY IN 19 D. CITY OF TOWN IF notice cappain limits, c. LENGTH OF STAY IN 19 D. CITY OF TOWN IF notice cappain limits, c. LENGTH OF STAY IN 19 D. CITY OF TOWN IF notice cappain limits, c. LENGTH OF STAY IN 19 D. CITY OF TOWN IF notice cappain limits, c. LENGTH OF STAY IN 19 D. CITY OF TOWN IF notice cappain limits, c. LENGTH OF STAY IN 19 D. CITY OF TOWN IF notice cappain limits, c. LENGTH OF STAY IN 19 D. CITY OF TOWN IF notice cappain limits, c. LENGTH OF STAY IN 19 D. CITY OF TOWN IF notice cappain limits, c. LENGTH OF STAY IN 19 D. CO. CO. OF REAL IN 19 D. CO. OF STAY IN 1			PLACE OF DEATH	2. USUAL RESIDENCE (Where decaesed livad, If institution: Residence bafore admission)
Welle RURAL and pion necessal symm. A MAND OF HOSPITALOR INSTITUTION (it not la hospital, give streat eddress) A. STREET ADDRESS A. DATE Month Day Year	1			a. STATE Md. b. COUNTY (Sa)
d. NAME OF COSTAL OR NEXTUTION (if not in hospital, give streat address) 3. NAME OF OF STATE AND STATE AN		1		c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
S. NAME OF HOSPITAL OR RESTRUCTION (If not) IQ hospital, give streat address) 3. NAME OF DECEMBER (IN MARKED NOT SEATED NOT SEATE			il. i de l'El Rivis	X NundalX
3. NAME OF DREARS DO AND THE STATE OF THE ST				d. STREET ADDRESS 0. IS RESIDENCE
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21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) OCT 16 - 6 HOME Parallel Street Company				
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220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) OCT 16-61 HOY Padoe Met Bolath Rd Bolath Rd. Ho. C., Md 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE LANGE BOLATE DATE DATE DATE DATE DATE	2.			DEPUTY MEDICAL EXAMINER
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23 FUNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE LENDEL Brown Land St. DATE 251 Children & Krown		220		CREMATORY 22d. LOCATION (City, fown, or country) (State)
Chargel Brog. 1800 E. Lambard St. DATE 1919 Onling S. Hours			13. I I I I I I I I I I I I I I I I I I I	
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001166		1	Lincol Brow 1000 Flambord	St. DATE Ching & Knows
			The war is a second and	OCT 1 6 '61

VS. A15ME 5M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
11177
CERTIFICATE OF DEATH
11161 11171

-		PLACE OF DEATH	2. USUAL RESIDENCE (Whare daceasad lived, If institution: Rasidenca before edmission)
1		Baltimore MARYLAND	o. STATE Maryland b. COUNTY Baltimore
		b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)
/		write RURAL and give neerest town),	× Parkville
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS e. IS RESIDENCE
X		7912 Beverly Road	7912 Beverly Road ON A FARM?
	3.	NAME OF First Middle DECEASED	Last 4. DATE Month Day Yeer
		(Type or print) Mildred G.	Scotney DEATH October 25, 19 61
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	8	emale white WIDOWED DIVORCED	8-6-1913 lest birthdey) Months Deys Hours Min.
34		a. USUAL OCCUPATION (Give kind of work page during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		housewife	Maruland USA
	13.	FATHER'S NAME	14. MOTHER MAIDEN NAME
1		Charles Schultz	Lula M. Smith
	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 18.	INFORMANT Address
			erbert M. Scotney, Ir. same
		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	3 mg
		171V DUE TO O	0 4 4
		Conditions, if any, which) (b) Wreteral O	betruction 3 mos
		geve rise to immediate ceuse	0 1 - 1
		(e), steting the underlying sceuse last.	of the Cewix (FC. 4) AN 61
7-1	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	
4	CATIC	Vesiw-veginal firtula	nest inadication PERFORMED? YES NO
()	RTIFI	OR CONTRIBUTING CAUSE OF DEATH	Exfer nature of injury in Pert I or Part II of item 18.)
0	CE	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
	ME	p.m. 19 at work at work	
		21. I certify that (I) (this hespital) attended the deceased from.	Dan 1961, to Oct 25, 1961, that (1) (we) last
		saw the deceased alive on	death occured at
1		22e. SIGNATURE	ATTENDING MED. STAFF / 22b. DATE
		John Agenell Hely M	D. PHYS. DIRECTOR PHYS.
		22c. PHYSICIAN'S NAME (Type) JOHN HOUSELY HERR	22d. ADDRESS / CATHERE A C'SMITO! 2 MI
0	23	B. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
43		REMOVAL (Specify)	0 1. A1
18	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	emetery Baltimore, IIId.
15	1	1 10 0 1 5205 11 1 101	007.0.7.104
		Leonard J. Ruck 5305 Harford Rd.	DATE UCI 2 1'67 Orthug & Kroup

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ı	MARYLAND S	TATE DEPARTM	ENT OF HEALTH	I—BALTIMORE, 18	8
	11172	CERTIFICA	ATE OF DEATH		Reg. Dist. No.11162
	o. COUNTY BZ/Timey	MARYLAND	O. STATE	ere deceased lived. If institution b. COUNTY	n: Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C2 Ton 5 Y 1/1/6	22 days	0.17	utside corporate limits, write RU	RAL and give nearest town)
1	d. NAME OF HOSPITAL (If not in hospital, give street ode OR INSTITUTION HOUSE IN THE PINES NUTTING		d. STREET ADDRESS	uberT ST	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) MATHIRS	Middle 5	E / F	4. DATE Month OF DEATH /O	Day Yeor - 25 196/
	6. COLOR OR RACE 7. MARRIEL WIDOWED	DIVORCED [8. DATE OF BIRTH 10 - 22-18	18/ lost birthday)	FUNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KII during most of working life, even if retired)	ND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote of	or foreign country)	12. CITIZEN OF WHAT COUNTRY
	3. FATHER'S NAME Mathias	SeiF	14. MOTHER'S MAIDEN N	Na Known	
1	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO (Yes. no. or unknown) (If yes, give war or dates of service) 2.2	A 3	rs. Anna Se	Addres 1442	Haubert ST.
	18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. [c]	for (o), (b), and (c).]	alisan	Dore	INTERVAL BETWEEN ONSET AND DEATH
	PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	estrologie	NOT RELATED TO THE TERMIN P. (Enter noture of injury in P	- 9/20/61.	N IN PART 1(6) 19, WAS AUTOPSY PERFORMED?
	Hour o. m. While	JRY OCCURRED 20e. PLA Not while fac	CE OF INJURY (Home, form, fory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
	21. I certify that I attended the deceased olive on 196. ACTUAL SIGNATURE SHULLSM PHYSICIAN'S NAME (Type) 5 F				that I last sow the decease d on the date stated above ore) DATE SIGNE
-	REMOVAL (Specify)	New CaThe	CREMATORY dral Ceneta	22d. LOCATION (City, town, or	county) (Stole)
1	3. FUNERAL DIRECTOR'S SIGNATURE Charles L. Stevens Funeral Home, Inc	ADDRESS 1501 E. Fo		BY REGISTRAR 24b. REGISTION 1 '61 October	RAR'S SIGNATURE

SULLIMENT	CATE OF DEATH		
		a il Brazilia i toli, villia i di sulla	
	a maliculation, at particular		

MADVIAND STATE DEDARTMENT OF HEAITH

		11173		ERTIFICATE		N STREET, BALTIMORE 1, MA	11163
	PLACE OF DEAT	H				NCE (Where daceased lived, If institution: b, COUNTY	Residence before admission
	Baltimo	074		MARYLAND	e. STATE Marvle		ore
	. CITY OR TOWN	(if outside corporeta limi	ts, c. l	LENGTH OF STAY IN 16		(If outside corporata limits, write RURAL er	
		d give nearest town)		3/	Variance	M4 15 =	
	Owings	M1118 ITAL OR INSTITUTION (Mark to be about at	16 years	d. STREET ADDRES	Mills	e, IS RESIDEN
	I. NAME OF HOSFI	TAL OK INSTITUTION (ir not in nospitet,	dise misel eddiess)	d. SIRELI ADDRES		ON A FARA
					111220	Reisterstown Roa	
	NAME OF DECEASED	First		Middle	Last	4. DATE Month	Dey Yeer
	(Type or print)	Ric	enard	A.	Smith	DEATH October	3. 1961
5.	SEX	6. COLOR OR RACE			. DATE OF BIRTH	9. AGE (In years IF UNDER	
	Male	White			Tanana 3 (last birthdey) Months	Days Hours Min
_			WIDOWED	DIVORCED	June 10,	1904 57 yrs.	TIZEN OF WHAT COUNT
		TION (Give kind of work orking life, even if retire	ed)	kery			U.S.A.
13	FATHER'S NAME		100	1101 J	14. MOTHER'S MAIDE		J (D) II (
		rd Smith				nn Durham	
		VER IN U.S. ARMED FOR (Ifyesgive werordetes of s		AL SECURITY NO. 17.	INFORMANT	Address 112	20 Reis. R
	Yes	WW II	212	-07-8792	Mrs. Rich	ard A. Smith Owin	
		DEATH [Enter only one				On L.	TINTERVAL BETWEEN
	PART I. DEAT		0 11	ac Decompens	and an		ONSET AND DEATH
		TH WAS CAUSED BY:	CATALL				
	das	IMMEDIATE CAUSE (e)	Cardia	ac Decompens	acton		6 mos.
	000						6 mos.
	OO S.	DUE TO y, which (b)	Sacana	dary to Pulm		sis	
	geve rise to immed	DUE TO y, which (b)	Second			sis	6 mos.
	geve rise to immed (e), steting the	DUE TO y, which (b) diete ceuse DUE TO	Second	dary to Pulm	nonary Fibro	sis	6 mos.
7.	(e), steting the ceusa lest.	DUE TO y, which diete couse underlying DUE TO (c)	Second	dary to Pulm	nonary Fibro		6 mos. 2 yrs. 2 yr.9m
NOL	(e), steting the ceusa lest.	DUE TO y, which diete ceuse underlying CE ER SIGNIFICANT CONDI	Secono Pulmos	dary to Pulm	nonary Fibro	S 1S	6 mos. 2 yrs. 2 yr.9m
CATION	(e), steting the ceusa lest.	DUE TO y, which diete couse underlying DUE TO (c)	Pulmor	dary to Pulm nary Tubercu UTING TO DEATH BUT NO	nonary Fibro	MINAL DISEASE CONDITION GIVEN IN PAR	6 mos. 2 yrs. 2 yr.9m.
MEDICAL CERTIFICATION	geve rise to immed (e), steting the couse lest. PART II. OTHE	DUE TO y, which diete ceuse underlying CE ER SIGNIFICANT CONDI	Second Pulmor Titions Contribut Sufficier 20b. DESCRIBE	dary to Pulm nary Tubercu UTING TO DEATH BUT NO	nonary Fibro		6 mos. 2 yrs. 2 yr.9m

22e. SIGNATURE

22c. PHYSICIAN'S
NAME (Type) Enplie

23a. BURIAL, CREMATION, REMOVAL (Specify)

MED. DIRECTOR ATTENDING M.D.

226. DATE 10-4-61 STAFF PHYS.

(State)

D. D. Caples, M. D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY

22d. ADDRESS 6 Hanover Rd., Reisterstown, Md. 23d. LOCATION (City, town or county)

> Baltimore, Maryland Cem.

Oct. 6, 1961 Baltimore National Buriai 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS
HENry James Ecklauf Owings Mills, Maryland 25a. REC'D BY REGISTRAR arthur S. Kraus

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The second control is the second control of the second control of

ams Division of STATISTICAL STREET, BALTIMORE 1, MARYLAND FOR STATE Item 7 Film G300 2. USUAL RESIDENCE (Where decessed lived, If institution: Rasidence before admission) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY delay is necessary Baltimore Baltimore MARYLAND Marvland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) 18. Give Pages 1, 2, and 3 to the funeral director. I form PM3. Page 5 may be retained for your finit. File pages 1 and 2 with the State Board of H. eyent within 72 hours after death. write RURAL and give neerast town) Dundalk Dundalk d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE d. STREET ADDRESS ON A FARM? Yorkway YES NO Yorkway NAME OF Middle 4. DATE Month Dey Year DECEASED OF (Typa or print) DEATH CHARLES STEPHENS 1967 October 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. lest birthday) Months Deys Hours Min. Male White WIDOWED [DIVORCED 3 yrs. Jan. executed within 24 hours after 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME E (E) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (Ifyesgive weror dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. with епу in pencil in Item 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL SETWEEN Office along burial-transit p E ONSET AND DEATH PART I. DEATH WAS CAUSED BY: pue Undetermined Drowning or IMMEDIATE CAUSE (a) electrocation certificate should be DUE TO removal Conditions, if eny, which (b) "pending" geve rise to immediate cause 10 Medical Examiner's DUE TO (a), steting the underlying Se 0 cause lest. used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? pe writing the word X NO P UTY MEDICAL EXAMINER: This YES. plnods 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING burial, dead bathtub full of water with radio submerged CAUSE OF DEATH. TOR: Page 3 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) 0 factory, street, office bldg., etc.) While Not While C 10-31-61 et work et work prior Home Dundalk Balto 7:30 Md. execute the certificate, should be forwarded to th
FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection and in my opinion agent, death resulted from: Natural causes Accident Suicide Homicide Undetermined manner X CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER 10-31-61 DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Moward G. Shaub, M. D. NAME (Type) Address (Street, city, town, or county) 999 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. 22d. LOCATION (City, town, or country) NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Spenify) 0 940 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. AISME arthur S. Frank DATE NOV 1 SM 9/60

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THE RESERVE OF THE PARTY OF THE com influence to

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11175	CERTIFICATE	OF DEATH	1		11	1.64
D. PLACE OF DEATH Baltimore	MARYLAND	2. USUAL RESIDEN a. STATE Mar	CE (Where decea	b. COUNTY	Baltimo	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Arbutus 27	c. LENGTH OF STAY IN 16	E. CITY OR TOWN		te fimits, write RU		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp 1212 Poplar Av		d. STREET ADDRESS		Avenue		ON A FARM
NAME OF DECEASED (Type or print)	Middle	Stoetzer	4. DATE OF DEATH	Month Octobe	Day	19 61
female 6. COLOR OR RACE 7. MARRIED WIDOWED		tober 24.1	la la	GE (In years IF L st birthday) Mo	INDER 1 YEAR	Hours Min.
done during most of working life, even if retired)	NO OF BUSINESS OR INDUSTRY		nty & State, or fore	oign country)	12. CITIZEN OF	
3. FATHER'S NAME William Whitworth		14. MOTHER'S MAIDEN unknown	NAME	75/35		1
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. OUE TO (b) DUE TO (c)	rebral Her SCVI)	norrhage	INAL DISEASE CO	NDITION GIVEN	NA ONS	RYAL BETWEEN ET AND DEATH ODYS
	CRIBE HOW INJURY OCCURED.				The state of the s	PERFORMED
20c. TIME OF INJURY Month, Day, Year 2Dd. II Hour a.m. While at work	Not While factor	CE OF INJURY (Home, far ory, straet, office bldg., etc		town)	(County)	(State)
21. I certify that (I) (this hospital) attends aw the deceased alive on 10.23. 22a. SIGNATURE Nother Racusm		death occured at ATTENDING PHYS.	MED.		d on the dat	
22c. PHYSICIAN'S NAME (Type) Nathan Racus	in, M.D.		th Gilmo	re Stre		E 23
BURIAL (CREMATION, 23b. DATE THEREOF 10-23-61	230. NAME OF CEMETERY	JK CKEMATOKT	23d, LUCAII	OIL (CIIA' IOMU C	a county)	

DATOCT 2 4 '61

without S. Thraces



Wm. Cook, Inc, 1217 St. Paul Street, ZONE 2

property of the property oromit Co The last the To Birtoda. 1212 Poster syange LIL POLISH AV TEL is di moderat mende de femile white x Ustober 34,1883 77 Houseuri L. his, monitofal. di outto e ii. ERECTORS. 21 - 22-6852 Richard V. Decateon, 1912 Footer are ELLINES MILLIANS 2 01 M 2071/E 111 12 S 4 111 126.3 13----windley agates 11.000 fathen Cloudin, f. D. 206 South Gilmort Stract, doing 23 SULTE 10-25-61 Believe Cemetery Bultimore

in. Copt, Inc. 1217 St. Pull Street, July 2

Howard H. Hubbard 4107 Wilkens Avenue

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND

> e. IS RESIDENCE ON A FARM?

3,

U. S. A.

(County)

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

YES NO

(Stote)

SIGNED

(Stote)

YES NO

Year

1961

death certificate be haspital ar attending physician. by the retained

aurs after death.

VR A15 (4) 1SM 9/59

iya . The state of the s Kobert I Sugar Land Areas Lands Land The lot of the state of the sta some of the second seco Frank-Stom: A series of the contract of th 1 1 1 1 1 1 Noncia ale abent. M. D. Max set Hell ha Perty at. 10/6/61 - Tauton, 2 or Usintery sell tabyo. Harridge Sunavaluation of the Control of the

FOR STATE HEALTH DEPT. TO D. CULY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. The funeral director. Page please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Thath, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours are death.

MARYLAND STATE DEPARTMENT OF HEALTH

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS,

11177 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	11177 MEDICAL EXA	MINER'S	CERTIFICAT	TE OF DEATH		1166
1.	PLACE OF DEATH •. COUNTY			CE (Where deceased lived, If i		ca befora admission
	Daldanasa	MARYLAND	a. STATE Mary	land b. COUN	altimo:	re
	b. CITY OR TOWN (if outside corporeta limits, writa RURAL end give nearest town)	OF STAY IN 16	c. CITY OR TOWN (I	f outside corporate limits, write	RURAL end giva	naerest town)
	7 - 7 - (00)	vears	> Dund	alk (22)		
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give stre		d. TREET ADDRESS	()		e. IS RESIDENC
	129 Ventnor Terrace		/ 129 Ven	tnor Terrace		YES NO
3.	NAME OF First Mi	ddle	Lasl	4. DATE Month	Day	Yeer
1	(Type or print) BERNARD VIR	TI. ST	RADTNER	DEATH Octo	her 10	th.19 61
5	SEX 6. COLOR OR RACE 7. MARRIED 30 NEVER		DATE OF BIRTH	9. AGE (In yeers	IF UNDER 1 YEAR	IF UNDER 24 HRS
7			eb.7th,190	2 lest birthday) GO yrs.	Months Days	Hours Min.
10	e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSIN				12. CITIZEN C	F WHAT COUNTRY
d	one during most of working life, even if relired) Welder Ste	-1	India	ne	USA	
13	. FATHER'S NAME	0.1	14. MOTHER'S MAIDEN		1 UDA	
	John C.Stradtner		Alma	Cobble		
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECU	RITY NO. 17. 11		Address		
(X	es, no, or unkown) (Ifyesgivewerordetesofservice)	1819 F1	orence 0.S	trodtnen se	me es	#2
	1 B. CAUSE OF DEATH Enter only one cause per line for (e), (b)				ame as 7	TERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	des //) calls	sin		SET AND DEATH
	IMMEDIATE CAUSE (e)	1	0000			
	420,/ DUE TO	/				
	Conditions, if eny, which geve rise to immediate ceuse					
	(a), stating the underlying DUE TO	~				
~	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NO	TEL ATEN TO THE TERMIN	IAL DISEASE CONDITION CIVI	ENLINE DART 1/-)	10 WAS ALITORS
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IV	DEATH BUT NO	I KELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE		PERFORMED?
FIC	208. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJU	JRY OCCURED NE	nler netura of injury In Peri	I or Pert II of itam 18.)		ito In
	PRIMARY or CONTRIBUTING CAUSE OF DEATH.	X YOU				
MEDICAL	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCC		CE OF INJURY (Home, ferm		(County)	(State)
MED	Hour e.m. While Not Whi		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	21. I certify that I took charge of the remains descri	bed above, hel	d an Autopsy	Inspection Inquir	and	in my opinion
	death resulted from: Natural causes 7. Acciden	t , Suici	de . Homicide	Undetermined ma	anner	
	mai		CHIEF MEDICAL I	EXAMINER [
	ACTUAL SIGNATURE	~	M.D. ASSISTANT MEDI	CAL EXAMINER	1	DATE SIGNED
8	EXAMINER'S		DEPUTY MEDICAL	EXAMINER X	7	0/11/61
	NAME (Type) Melvin B. Davis, M. D	•	Addrass (Streat, o	tity, town, or county)		0/ 22/ 01
22		OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town,	or country)	(Slata)
		wridge	Memorial	Dorsey Mary	rland	
2	ADDRES		24a DEC	D BY DECISTRAD 1 245 BECT	STRAPIS SIGNAT	2011

Onther & France

Walter Brooks Bradley, Inc., Dundalk 22, Md. DATE OCT 13'61

VS. A15ME

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11178 CERTIFICATE OF DEATH 11167

2. USUAL RESIDENCE (Where deceased lived, If institution: Resid	dence before edmission)
o. STATE Maryland b. COUNTY Anne	Avundel
c. CITY OR TOWN (If outside corporete limits, write RURAL end give	ve neerest town)
Glen Burnie	
d. STREET ADDRESS	IS RESIDENCE ON A FARM?
204 Poplar Avenue	YES NO T
Lest 4. DATE Month D	ey Year
DEVENUE OF A STATE OF	19 61
. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEA	
	s Hours Min.
	OF WHAT COUNTRY?
Baltimore Maryland U.S	
14. MOTHER'S MAIDEN NAME	
Marie Dukehart	
NFORMANT Address	
n Rec VAH Baltimore Md Ft Howar	d Division
	INTERVAL BETWEEN ONSET AND DEATH
	UNKNOWN
ISEASE	UNKNOWN
OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0	19. WAS AUTOPSY
oscierotic heart Disease;	YES NO X
. (Enter neture of injury in Pert I or Pert II of item 18.)	
	(Stete)
ory, street, office bldg., etc.)	
June 7 - 3067 to Oot 7 10 67	that 60 (up) last
death record at Data from the course and on the	Late stated above
dearn occured at	22b. DATE
ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	10-1-61
VAH Baltimore Md - Ft Howard	Division
22d. ADDRESS	Division (State)
VAH Baltimore Md - Ft Howard OR CREMATORY 23d. LOCATION (City, town or county)	(State)
VAH Baltimore Md - Ft Howard	(State)
R	o. STATE Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL end gited and street address and street address and street address are considered as the street address and street address are considered as the street address are considered as the street address are considered as the street and

TO R TIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exectivities that the hospital or attending physician.

S > TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

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TO WELL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.

INDIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carborn papers. Pages 1 and 2 prouts be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death 15M 9/60

DIVISION

MARYLAND STATE DEPARTMENT OF HEALTH

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

		Item 8 Film G297	10/21/61 7	nh	
1. PLACE OF DEATH	H			CE (Where deceased lived, If	institution: Residence before edmission)
e. COUNTY	altimore	MARYLAND	a. STATE Mary	land b. cou	Baltimore
write RURAL end	if outside corporete limits, digive neerest town)	c. LENGTH OF STAY IN 16		If outside corporete limits, writehington	te RURAL and give nearest town)
	TAL OR INSTITUTION (if not in	hospitel, give street eddress)	d. STREET ADDRESS		e. IS RESIDENCE
1218 La	ake Avenue		1218 Lake	Avenue	ON A FARM? YES NO
3. NAME OF	First	Middle	Lest	4. DATE Mont	h Dey Yeer
DECEASED (Type or print)	ANNIE	FISPAN Fishpan	W STULLER	DEATH Octob	er 15, 19 61
5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	. DATE OF BIRTH	9. AGE (In yeers last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.
Female	1122200	OWED DIVORCED 1	Dec. 11, 1872		Months Deys Hours Min.
	TION (Give kind of work 10	b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun	ty & State, or foreign country	12. CITIZEN OF WHAT COUNTRY?
Housewij		Own Home	Maryland		USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
John Fis	shpaw		Sally	King	
15. WAS DECEASED EV	YER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Addres	\$
No No	None	None	Family Record	la	
	DEATH [Enter only one cause		. amiri		INTERVAL BETWEEN
The second second second	H WAS CAUSED BY:		(i.l.)-	21 1'1'	ONSET AND DEATH
	IMMEDIATE CAUSE (e)		CHPORIC	Myocardifi Colerosis	S MORONS.
422	DUE TO		1 1	P 1.	5HK
Conditions, if any	1-7		HW. O	clerosis	2713.
geve rise to Immed (e), steting the u	PILIE TO				
cause lest.	(c)				
Z PART II. OTHE		CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GI	VEN IN PART 1(e) 19. WAS AUTOPSY
ATIO		TV TV TV TV TV			YES NO
OR CONTRIBUTING	AS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURED). (Enter neture of injury in	Pert I or Pert II of item 18.)	
	1	od, INJURY OCCURRED 200. PLA	CE OF INJURY (Home, farm	n, 20f. (City or town)	(County) (State)
Hour e.m.			tory, street, office bldg., etc		(County)
p.m.	19	work at work	,		10
21. I certify i	that (1) (this hospital) a	ttended the deceased from.	Oct 25	1969 10 OCT 1	572, 196.1., that (I) (we) last
	sed alive on Se	20 196./, and that	death occured ad.	p.M, from the causes	and on the date stated above
22e. SIGNATURE	sa. mill	2 m	ATTENDING PHYS.	MED. STAFF	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type	James 1	1. MilkerMit	22d. ADDRESS	331 Reisters	f. M&
23a. BURIAL, CREMAT	ION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	own or county) (State)
Burial (Specify	Oct. 18,19	61 Jesseps Meth	odist Cemeter	ry Cockeysvi	lle, Maryland
24 FUNERAL DIRECTO		ADDRESS		D BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE
John Bu	rns' Sons, Tow	son, Maryland	DATE O	CT 19'61 a	rthur S. Hrans

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1218 Lake avoud

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Surial Oct, 18,1961 Jersovs lathodist Camete y Cockersvill, 1171 m

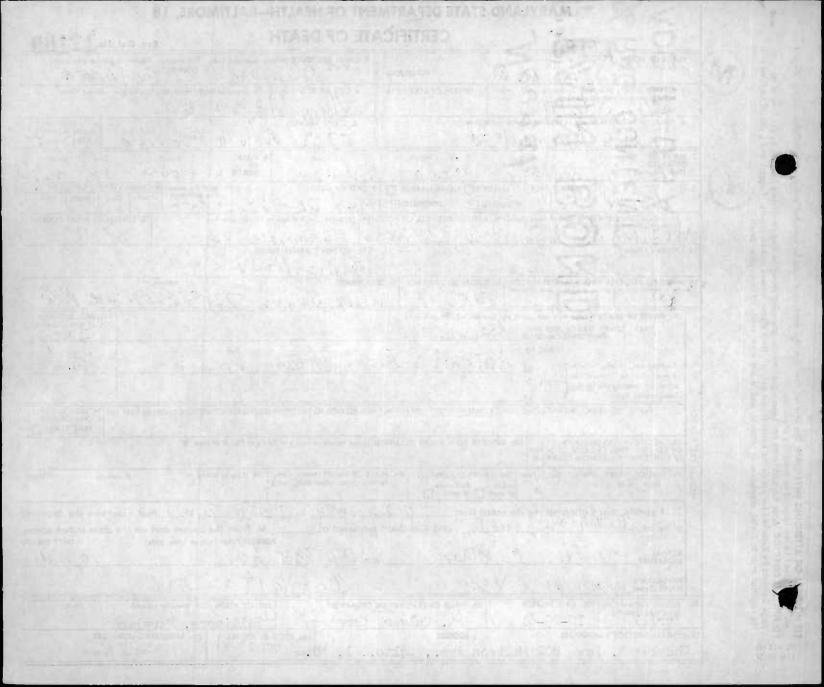
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TO FUNER

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	11100 CERT	IFICATE OF DEATH	Reg. Dis	. No. 11169
	1. PLACE OF DEATH BALTMORE MAR	2. USUAL PESIDENCE (When o. STATE) WARE	re deceased lived. If institution: Residence 12Nd b. COUNTY Pho	before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	XXYUNCA	side corporate timits, write RURAL and g	
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION AVORIGE CO.	d. stréet abdress	onth Avondale	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) LANDON Q REED (Type or print)	SWANN	OF DEATH CONTON	J5 1961
;	5. SEX 6. COLOR OR MACE 7. MARRIED NEVER MARI	CED MAY 20 -1	876 65 yrs.	Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS dyring most of working life, even if retired)	HOYN FARMY,1	le, Va 1	ZEN OF WHAT COUNTRY?
	13. FATHER'S NAME UNKNOWN	5allie Re	ME	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N (Yes. no. or unknown) (If yes, give wor or dates of service)	Sallie Swann	V 7315. AVONO	Sake Rol
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	c).]		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which) DUE TO ARTERIO-S	selevotic Heigh	Mosse	148.
	gove rise to immediate cause (a), stoting the <u>under-lying cause lost.</u> DUE TO (c)			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR C	DEATH BUT NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		OCCURRED: (Enter nature of injury in Par		
	20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 While at work at wo	20e. PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.)	20f. (City or town) (C	ounty) (State)
	21. I certify that I attended the deceased fram.	may, 1954, to 00 cot death accurred at	M, from the causes and an th	ast saw the deceased e date stated above.
	SIGNATURE Stallian & Stade	MD. 140 COGK	Atte	10/25/6/
	PHYSICIAN'S WILLIAM C. Wade	Lograda	1t 22, md	1 (
	REMOVAL (Specify)	METERY OR CREMATORY 2 LIVARY Cemetery	2d. LOCATION (City, town, or county) Baltimore, Marylar	(State)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles R. Law 802 Madison Ave.,	0.0	BY REGISTRAR 24b. REGISTRAR'S SIG	



11170

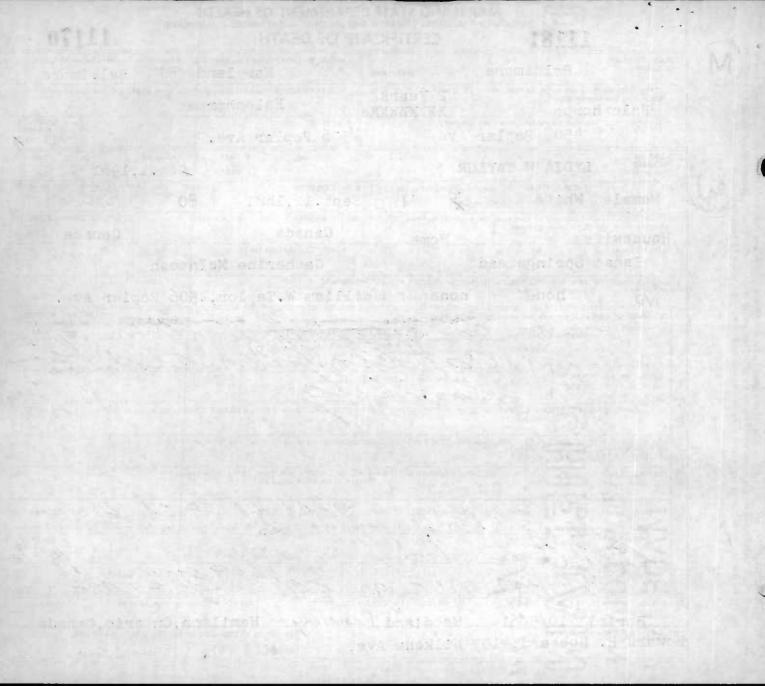
1		die
in hy the funeral director.	and 2 shauld be filed with	1
Self of the party	a please remove carban papers. Pages 1	in any event, within 72 hours after death.
thained by the hospital ar ottending physician.	LONGELION: After this certificate has been signed by the anertaining physician and compress, they are your property ould be detached for use as the burial-transit permit. Then please remove carban papers. <u>Pages I and 2</u> shauld be filled <u>wi</u> th	saard of Health prior to buriol, cremation, or removal, and in any event within 72 hours after death.

AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

		77707	CERTITION		DEATH	74		الله ملك	1. 4 17
1.	PLACE OF DEATH a. COUNTY	Baltimore	MARYLAND	2. USUAL a. STAT	RESIDENCE (WH	nere deceased liveryland	b. COUNTY	: Residence bef Balti	
	b. CITY OR TOWN (RURAL and give no Haleth		c. LENSTH SESTATIS 16	X	-	utside carporate Lethorp	limits, write RUF	RAL and give no	earest tawn)
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give stre 4506 Popla	eet address)	d. STRE	et address Poplar	Ave.			e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type ar print)	LYDIA W TAY	LOR Middle		Last	4. DATE OF DEATH	Oct.1	,1961	Year
5.	Female	White a	ARRIED NEVER MARRIED DIVORCED DIVORCED	Sept.	12,188		AGE (In years III)	Manths Days	R IF UNDER 24 HRS Haurs Min.
10	a. USUAL OCCUPATION during mast af war Housewif	king life, even if retired)	06. KIND OF BUSINESS OR INDU Home	Ca	nada		ry) .	Cana	da da
13	FATHER'S NAME ISaac	Springstea	d		atheri	ne McI	ntosh		
	. WAS DECEASED EVE (es, no, or unknown)	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)		NFORMANT /1111a	m W.Ta	ylor,4	Addres 506 Po		ve.
CATION	Canditians, if a gave rise to it cause (a), stating tying cause last.	mmediate (S CONTRIBUTING TO DEATH BU	T NOT REJATE	D TO THE TERMI	INAL DISEASE C	ONDITION GIVE	N IN PART 1(a)	19. PAS AUTOPSY PERFORMED? YES NO
L CERTIFIC	20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 20b. [CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. (Enter nat	ure af injury in I	Part I ar Part II	of item 18.)		
MEDICAL	20c. TIME OF INJUI Haur a. m. p. m.	Wh	6.		IRY (Hame, farm affice bldg., etc		tawn)	(Caunty	r) (State
	saw the decea 22a. SIGNATURE	at (1) (this hospital) atte sed alive an Sefs	ended the deceased from 2309 (a), and that	death occu	irred at		e causes and	Con /	hat (I) (we) las e stated abave 22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	BBBRL	mpayar	4 6	DORESS 50	09	10 2;	Time	7
	Burial, CREMATIC REMOVAL (Specify Buria	1 10/5/61	Woodland	or CREMATO	RY :	Hamilt	N (City, tawn, ar	ario.C	(State)
H	oward H.	Hubbard, 410	07 Wilkens Av	e,	25a. REC'	D BY REGISTRAI		RAR'S SIGNATI	

Orthur S. Hraus

TO FUNERAL page 3 sho the State Bo



MARYLAND STATE DEPARTMENT OF HEALTH

a. COUNTY		2. USUAL RESIDE	ENCE (Whare dacaa			nca befora	admission)
Baltimore	MARYLAND	Maryl			Baltimor		
 CITY OR TOWN (if outside corporate fimits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 16	c. CITY OR TOW	N (If outsida corporat	e limits, write	RURAL and give	a naarast tov	wn)
Lutherville	Abt-5 months	X	Towson				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	spital, give straat addrass)	d. STREET ADDRE					A FARM?
COLLEGE MANOR		Dula	ney Valley	Road.			X KON
NAME OF First	Middla	Last	4. DATE	Month			
(Typa or print)	TIDOAT		OF DEATH	0 1		0 10	63
ARTHURE	EDGAR	THAIN B. DATE OF BIRTH	10 A	Octo	ber 1		61 R 24 HRS.
SEX 6. COLOR OR RACE 7. MARRIE	ED NEVER MARRIED	B. DATE OF BIRTH		st birthday)	Months Days	Hours	Min.
Male White WIDOWE	CALCIL.	Dec-15-188		yrs.			
a. USUAL OCCUPATION (Giva kind of work one during most of working life, even if ratirad)	CIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (C	ounty & State, or fora	ign country)	12. CITIZEN	OF WHAT	COUNTRY
	eating Equipme	nt New Yo	rk		TT	. S.	
. FATHER'S NAME	odorie natono	14. MOTHER'S MAID					110
T-1 // // // // // // // // // // // //		Carrata	77 T3				
John T. Thain . WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO 1 17		E. Lewis	Address		-	-
as, no, or unkown) (Ifyasgivawarordatesofsarvice)	1 1 0000						
no no 14	2-10-4944 W	.E. Thain, (s	on) Charlo	tte 9.	N.C.	TERVAL BE	TVA/FFAI
18. CAUSE OF DEATH [Enter only one cause per PART I, DEATH WAS CAUSED BY:			OCE			NSET AND	
IMMEDIATE CAUSE (a)	EUMONIA, R	1641 5	1431=			100	4
7771							
3.34 X DUE TO					ALC: UNK	- 1-	2
Conditions, if any, which	BRAL-UASCUL	AR THE	OMBOSIS		-12	200	145
gava risa to Immadiata causa	BADL-VASCU					2019	145
gava risa to Immadiata causa (a), stating the underlying DUE TO						2014	145
gave rise to Immediate cause (a), stating the underlying cause last. Cause last.	RANIZED AR	TERIOSELF)	20515		FN IN PART 1(a)	20A	745
gave rise to Immediate cause (a), stating the underlying cause last. Cause last.	CALLED AC	TERIOSELIE OT THE TER	20515		EN IN PART 1(a)	PERF	ORMED?
gave rise to Immediate cause (a), stating the underlying cause last. Cause last.	SCANCED ARE INTRIBUTING TO DEATH BUT N	TERIOSELIE, OT RELATED TO THE TER ERMINED	COSIS	NDITION GIV	EN IN PART 1(a)	2000	AUTOPSY ORMED? NO
gave rise to Immediate cause (a), stating the underlying cause lest. Column (c)	CALLED AC	TERIOSELIE, OT RELATED TO THE TER ERMINED	COSIS	NDITION GIV	EN IN PART 1(a)	PERF	ORMED?
gava risa to Immadiata causa (a), stating tha undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CON MYOPATHY ZDa. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCANCED ARE INTRIBUTING TO DEATH BUT N	TERIOSELIE, OT RELATED TO THE TER ERMINED	COSIS	NDITION GIV	EN IN PART 1(a)	PERF	ORMED?
gava risa to Immadiata causa (a), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CON MYOPATHY 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NTRIBUTING TO DEATH BUT N Y CAN CAN CONTRIBUTING TO DEATH BUT N CAN CONTRIBUTING TO DEATH BUT N	TERLOSELIE OT RELATED TO THE TER ERATINGD D. (Enter natura of injury	COSIS RMINAL DISEASE COI in Part I or Part II of farm, ; 2Df. (City or	NDITION GIV	(County)	PERF	ORMED?
gava rise to Immadiate cause (a), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS COMMUNICATION CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF fNJURY Month, Day, Yaar Hour a.m.	NTRIBUTING TO DEATH BUT N CY UNDSTRIB SCRIBE HOW INJURY OCCURE INJURY OCCURRED 2Da. PL a Not Whila 56	TERIOSELIE OT RELATED TO THE TER ERMINATO D. (Enter natura of injury	COSIS RMINAL DISEASE COI in Part I or Part II of farm, ; 2Df. (City or	NDITION GIV		PERF	NO
gave rise to Immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS COMMYOPATHY 2Da. ACCIDENT WAS UNDERLYING 2Db. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yaar While Pom. 19	NTRIBUTING TO DEATH BUT N CY UNDSTRIB SCRIBE HOW INJURY OCCURE INJURY OCCURRED 2Da. PL a Not Whila at work at work	OT RELATED TO THE TER ERITIALED D. (Enter natura of Injury ACE OF INJURY (Home, clory, streat, office bldg.,	RMINAL DISEASE COI	ndition GIV	(County)	YES T	NO (State)
gave rise to Immediate cause (a), stating the underlying Cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT N CY CUNDETTS SCRIBE HOW INJURY OCCURE INJURY OCCURRED A Not Whila At work Inded the deceased from	TERIOSELIE OT RELATED TO THE TER ERTINED D. (Enter natura of injury ACE OF INJURY (Homa, ctory, straat, office bldg.,	MINAL DISEASE COLOR IN Part I or Part II of farm, 2Df. (City or atc.)	nDITION GIV	(County)	YES That (I)	(State)
gava risa to Immadiata causa (a), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS COMMUNICATION OF CONTRIBUTIONS CON	NTRIBUTING TO DEATH BUT N CY UNDSTRIB SCRIBE HOW INJURY OCCURE INJURY OCCURRED 2Da. PL a Not Whila at work at work	TERIOSELIE OT RELATED TO THE TER ERTINED D. (Enter natura of injury ACE OF INJURY (Homa, ctory, straat, office bldg.,	MINAL DISEASE COLOR IN Part I or Part II of farm, 2Df. (City or atc.)	nDITION GIV	(County)	YES That (I)	(State)
gava risa to Immadiata causa (a), stating tha undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CON 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER) 20c. TIME OF fNJURY Month, Day, Yaar Hour a.m. p.m. 19 21. I certify that (I) (this contains at tens saw the deceased alive on	NTRIBUTING TO DEATH BUT N CY CUNDETTS SCRIBE HOW INJURY OCCURE INJURY OCCURRED A Not Whila At work Inded the deceased from	TERIOSELIE OT RELATED TO THE TER ERINATIO D. (Enter natura of injury ACE OF INJURY (Homa, ctory, streat, office bldg., TULLY at death occurred	in Part I or Part II of farm, 2Df. (City or atc.)	nDITION GIV	(County)	YES That (I)	(State)
gava risa to Immadiata causa (a), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CON PART II. OTHER SIGNIFICANT CONDITIONS CON 2Da. ACCIDENT WAS UNDERLYING DOWN CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF fNJURY Month, Day, Yaar Hour a.m. p.m. 19 21. I certify that (I) (this was all aften saw the deceased alive on	NTRIBUTING TO DEATH BUT N CY UNDETTO SCRIBE HOW INJURY OCCURED INJURY OCCURRED A Not Whila for the deceased from the	TERIOSELIE OT RELATED TO THE TER ERTINATO D. (Enter natura of injury ACE OF INJURY (Homa, ctory, straat, office bldg.,	in Part I or Part II of farm, 2Df. (City or etc.)	nDITION GIV	(County)	YES That (I)	(State)
gava risa to Immadiata causa (a), stating tha undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS COMMYOPARTY (C) 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER) 20c. TIME OF fNJURY Month, Day, Yaar Hour a.m. p.m. 19 21. I certify that (I) (think all attems aw the deceased alive on C) 22a. SIGNATURE (1)	NTRIBUTING TO DEATH BUT N CY UNDETTO SCRIBE HOW INJURY OCCURED INJURY OCCURRED A Not Whila for the deceased from the	OT RELATED TO THE TER CONTROL (Enter natura of Injury D. (Enter natura of Injury ACE OF INJURY (Homa, ctory, straat, office bldg., THE ACT OF INJURY (Homa, at death occurred at the occurred at death occurred at the o	in Part I or Part II of farm, 2Df. (City or etc.)	ndition GIV item 18.) town) towns	(County)	YES That (I)	(State)
gava risa to Immadiata causa (a), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CON PART II. OTHER SIGNIFICANT CONDITIONS CON DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF fNJURY Month, Day, Yaar Hour a.m. p.m. 19 21. I certify that (I) (this causal attention at the deceased alive on	NTRIBUTING TO DEATH BUT N Y UND SCRIBE HOW INJURY OCCURE INJURY OCCURRED a Not Whila fe at work at work at work at work at work at work and the	OT RELATED TO THE TER CAN INCED D. (Enter natura of Injury ACE OF INJURY (Homa, ctory, streat, office bldg., at death occured ATTENDING PHYS. 22d. ADDRESS	in Part I or Part II of farm, 2Df. (City or atc.) 2Df. (City or atc.) 2Df. (City or DIRECTOR DIRECTOR	town) town) control of the causes control	(County) 1960., and on the	that (I)	(State)
gave rise to Immediate cause (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS COMMYOPATHY ZDa. ACCIDENT WAS UNDERLYING 2Db. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Zoc. TIME OF fNJURY Month, Day, Year 20d. While the comment of the comme	NTRIBUTING TO DEATH BUT N CY UNDSTRIB SCRIBE HOW INJURY OCCURED INJURY OCCURRED at work 1 at work 1 and the deceased from 1966, and the	TERIOSELIE OT RELATED TO THE TER ERININE D. (Enter natura of injury ACE OF INJURY (Homa, clory, straat, office bldg., THEY at death occured ATTENDING PHYS. 22d. ADDRESS 206 W.	in Part I or Part II of farm, 2Df. (City or atc.) 1957, to OMM, from the DIRECTOR DIRECTOR DEPARTMENT.	ndition Giving town) town) town T	(County), 14, and on the	that (I) date state	(State) (State) (a) la:
gava risa to Immadiata causa (a), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CON PART II. OTHER SIGNIFICANT CONDITIONS CON 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF fNJURY Month, Day, Yaar Hour a.m. p.m. 19 21. I certify that (I) (this stat) attents saw the deceased alive on 22a. SIGNATURE 22c. PHYSICIAN'S	NTRIBUTING TO DEATH BUT N Y UND SCRIBE HOW INJURY OCCURE INJURY OCCURRED a Not Whila fe at work at work at work at work at work at work and the	TERIOSELIE OT RELATED TO THE TER ERININE D. (Enter natura of injury ACE OF INJURY (Homa, clory, straat, office bldg., THEY at death occured ATTENDING PHYS. 22d. ADDRESS 206 W.	in Part I or Part II of farm, 2Df. (City or etc.) 1857, to 0 MED. DIRECTOR Penna. Av 23d. LOCATIO	ndition Giving town) town) town T	(County) , 19, and on the OWSON 1,	that (I) date state	(State)

And the second s ENCRETED TREESED WAS TRESPORTED 19/20/30

MARYLAND STATE DEPARTMENT OF HEALTH

ending physician. been signed by the aftending ò hospital þ retained death Page 4 VR A15 (4)

death certificate be

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1110. CERTIFICATE OF DEATH
11173 11184

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission)									
Baltimore MARYLAND	* STATE Maryland b. COUNTY Baltimore									
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) Catonsville	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) Catonsville									
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS a. IS RESIDENCE ON A FARM?									
11 S. Belle Grove Road	11 S Belle Grove Road YES NO									
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year OF									
(Type or print) Ethel	Turner DEATH October 7 1961									
THE TEN MICHAELE SALE	3. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS, Jast birthday) Months Days Hours Min.									
Female White wIDOWED DIVORCED (October 26, 1902 58 yrs. Months Deys Hours Min.									
Director of Instructing Visiting	TY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY U.S.A.									
13. FATHER'S NAME NUTSES ASSOC.	14. MOTHER'S MAIDEN NAME									
Williamm George Turner	Rebecca Haynes									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 17 (Yes, no, or unkown) (Ifyesgivewarordelesofservice) 312-32-4913 M1	rs. R. Dorsey Watkins Same									
1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN									
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral metautants, Caramiana of boart 9 yrs-										
170 × DUE TO										
Conditions, if any, which (b)										
gave rise to immediata cause (a), stating the underlying DUE TO										
cause lest. (c)										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?									
DATE	YES NO									
OR CONTRIBUTING CAUSE OF DEATH OF CHIPPET MEDICAL EXAMINER)	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury In Part I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 4 Not While Not While 19 et work at work 19 et work										
21. I certify that (I) (this hospital) attended the deceased from a saw the deceased alive on	21. I certify that (I) (this hospital) attended the deceased from Oct 1948., 19, to Oct 7, 1961, that (I) (we) last									
	ATTENDING MED. STAFF SIGN M.D. PHYS. DIRECTOR PHYS. D									
22c. PHYSIZIAN'S NAME (Type) Dr. John A. Nesbitt	22d. ADDRESS 1118 St. Paul St.									
23e. BURIAL, CREMATION, 23b. DATE THEREOF PREMOYAL (Specify) 10-12-61 Orleans	OR CREMATORY 23d. LOCATION (City, fown or county) (Slele) Orleans, Cape Cod, Mass.									
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE									
John O. Mitchell & Sons, Inc. 1900	Eutaw Pate. 13'61 Chilling S. Krons									

death. Age 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, wilfin 72 hours after death. within 24 hours after OR ATTENDING PHYSICIAN: The law requires that the death certificate be execu VR A15 (4) 15M 9/60

_ /mivif et est mapiali 3.4 Joseph L. Lighter Co. 270, 270, 22, half years and the control of the control of

ssory, piecse exe	Poge 4 should be	ice along with farm PM3. Page 5 may be retained far your files.	as o buriol-transit permit. File pages I and 2 with the registrar prior to burial, cremation,
DA IS HELL	director.	or files.	strar prior to
Teolii. II Olly	3 to the fun	stained far yo	with the regi
Diane Cioni	ges 1, 2, and	e 5 moy be re	soges I and 2
TO WILLIAM PO	18. Give Po	m P.M.3. Pag	vermit. File
אות הם פצברה	sencil in Item	long with far	ouriol-tronsit p
2		ice o	35 0

5. SE

13.

15. (Yes,

MEDICAL CERTIFICATION

MARYLAND S	TATE DEPARTM	ENT OF HEALT	H-BALTIM	ORE, 18	3						
11185 MEDICA	L EXAMINER'	S CERTIFICA	TE OF DEA		Reg. Dist. No	111	74				
LACE OF DEATH		2. USUAL RESIDENCE (ssion)				
Baltimore	MARYLAND	o. STATEMaryl	and	b. COUNTYB	altimo	re					
CITY OR TOWN If outside corporate limits, write RURAL and give necrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
Dundalk (22)	33 years	Dunda	1k (22)	1 - 12-6							
NAME OF HOSPITAL OR INSTITUTION (If not in hosp	ital, give street address)	d. STREET ADDRESS					A FARM?				
6903 Holabird Aven	ue	6903	Holabird	Aven	ue		NOM				
AME OF ECEASED KATHERINE	Middle M.	Up hofe	4. DATE OF DEATH	Month	ber 18	th 1	9 6 3				
6. COLOR OR RACE 7. MARRIES emale white WIDOWED		July 10.18	lost bi	(In years IF	UNDER TYEAR onths Days		ER 24 HRS. Min.				
USUAL OCCUPATION (Give kind of work done 10b. Kl				7130	12. CITIZEN O	F WHAT	COUNTRY?				
Housewife		Maryl	and		USA						
FATHER'S NAME		14. MOTHER'S MAIDEN	NAME								
George Kirschenhofer		Mary	Reinhard	t		300					
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S no, or unknown) (If yes, give wer or dates of service)	OCIAL SECURITY NO. 17. I	NFORMANT		Address							
no n	one Wi	lliam Upho	ff sa	me as	#2						
18. CAUSE OF DEATH [Enter only one couse per the for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	or (o), (b), and (c).]	e hourt	facher	4	INTE	ET AND DE	EN ITH LEK				
434,/ DUE TO											
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.											
PART II. OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERM	NNAL DISEASE COND	ITION GIVEN			AUTOPSY PRMED? NO				
20g. EXTERNAL CAUSE WAS PRIMARY () or CONTRIBUTING () CAUSE OF DEATH.	HOW INJURY OCCURRED. (Enter noture of injury in Po	rt I or Port II of item	18.)							
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o. m. While at worl	Not while fact	CE OF INJURY (Home, form ory, street, office bldg., etc.)	(County)		(Stote)				
21. I certify that I took charge of the re	emains described abo	ve, held an Autops	y , Inspect	ion Z	Inquiry 🕰	and:	find that				

220. BURIAL, CREMATION, REMOVAL (Specify)

ACTUAL

EXAMINER'S NAME (Type)

5M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

death resulted from:

22c. NAME OF CEMETERY OR CREMATORY

Natural causes Accident , Suicide ,

22d. LOCATION (City, town, or county)

Homicide , Undetermined cause

DATE SIGNED

Baltimore Co. Maryland

24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

Walter Brooks Bradley, Inc., Dundalk 22, Md oget 20'61

DEPUTY MEDICAL EXAMINER

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER

Orthur S. Kraus

COLORED PAR accommode. So the comment of the same and th

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		11186		CERTIFIC	ATE OF DEA	ATH		Reg. Dis	it. No.	117	75
	LACE OF DEATH	Baltimore		MARYLAND	2. USUAL RESIDENCE o. STATE	E (Where decease	ed lived. If institution b. COUNTY				an)
k	RURAL and give	(If autside carporate lim nearest tawn)	its, write	c. LENGTH OF STAY IN 16	X	(If outside corp	orate limits, write R)
	OR INSTITUTION	PITAL (If not in hospitol, of 7615 Eas		Blvd.	d. STREET ADDRE	SS	astern E	Blvd.		e. IS RESIDENCE ON A FARM? YES NO	
	NAME OF DECEASED Type or print)	MARY	rst	Middle CAROLTNE	Lost VANDERMAS!	4. DATE OF DEATH	Mon Octobe		Do	,	rear 19 67
5. S	Female	6. COLOR OR RACE White	7. MARR	IED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH May 24,1	880	9. AGE (In years last birthday) 81 yrs.	IF UNDER Months	1 YEAR Days	IF UNDE Haurs	R 24 HRS. Min.
10a.	USUAL OCCUPAT during most of we Retj	orking life, even if retired	dane 10b.	KIND OF BUSINESS OR INDI House Work		Stote ar fareign timore	ountry) Md.			WHAT C	OUNTRY?
13.	FATHER'S NAME	John M. Wh	ite		14. MOTHER'S MAID	ria L.	Davis				72
15. (Yes,	WAS DECEASED EV	VER IN U. S. ARMED FOR			rs. Marie	Connor	501 Fa	irvi	£W _M	Ave	
		EATH [Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (c	Con	ne far (o), (b), and (c).] Libral Vasc	was Aco	cideni	+		ONS	RVAL 8E ET AND	DEATH
	Canditians, if gave rise to cause (o), statin lying cause las	g the under-	, Q	rterio scle	rofic He	aut i)isease		1.	syes	ais
CERTIFICATION			DITIONS C	ONTRIBUTING TO DEATH 8U	T NOT RELATED TO THE	TERMINAL DISEA	SE CONDITION GIV	EN IN PAR	T 1(a) 1	PERFO	AUTOPSY RMED?
- 1	OR CONTRIBUTIN	VAS UNDERLYING AG CAUSE OF DEATH CY MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCURR	ED. (Enter nature af inju	ry in Port 1 ar Pa	art II af item 18.)				
MEDICAL	20c. TIME OF INJU Hour o. m p. m	. 10	20d, It While of worl	Not while for	LACE OF INJURY (Hame, potary, street, affice bldg	, farm, 20f. (Cit ., etc.)	ty ar tawn)	(0	Caunty)		(Stote)
	alive on ACTUAL SIGNATURE PHYSICIAN'S	that I attended the		ed from 18/20/ , and that deat	M.D. 7422	45 MP from	Street, city ar tawn,	d an the	st sav	stated	eceased abave. signed 2 3/4
220.	BURIAL, CREMAT	ION, 22b. DATE THEREC	OF .	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCA	ATION (City, tawn, o	or county)	7	Stot	

Lawn

BALTOSO

MD.

Eastern Ave.

Eastern

24b. REGISTRAR'S SIGNATURE

allow & Hears

24a. REC'D BY REGISTRAR

DATECT 2 6 '61

TO HO VS A15 (4) 15M 9/58

8

23. FUNERAL DIRECTOR'S SIGNATURE

TILES. TRANSPORTED BY THE STATE OF THE STATE A. C. C. S. the state of the s AND THE PARTY OF T Il. to J. Salt., all a reason was a series of the

FOR STATE HEALTH DEPT.

TO D. JIY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. It delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-trensit permit. File pages 1 and 2 with the State Board activity, or its designated agent, prior to burial, cremation, or removal, and in any permit within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	11	187MED	ICAL	EXAMIN	IER'S	CERTIFIC	CATE	OF D	EATH		111	76
a. COUN	100	Mo.	CII. TC	MARY	/LAND	2. USUAL RES	IDENCE (Where decea	b. COUNT	stitution: Ras	idanca bafor	e admission)
write	RURAL and siva	eville	8:	3 cole	rya.	3	ala	sida corporati	limits, write f	RURAL and s	naarest I	own)
d. NAME	OF HOSPITAL O	er institution (if	not in hospita	l, give straat add	r6.96)	af 1 0 3	Aura Com	Com	stor	r R	1 0	RESIDENCE N A FARM? NO K
3. NAME DECEA: (Typa or	SED print)	Nicho]		Middle		Vasich	4.	DATE OF DEATH	Month			961
5. SEX Male		hite	MARRIED WIDOWED	NEVER MARRIE		Dec. 6,	1892		GE (In years II st birthday) yrs.	Months Da		DER 24 HRS.
done during	most of working in Maker	Giva kind of work lifa, avan if retired	10b. KIND	OF BUSINESS O	R INDUSTR		ik, Yu	goslav			N OF WHA	
Chr	istopher	Vasich				Dra	aga Lu	kich				
		U.S. ARMED FORC		CIAL SECURITY N		NFORMANT	sich-7	701 C1s	Address	Rd. I	Pikesv	ille.Md.
Condition gave ris	ART I. DEATH WA	DUE TO (b)_ Buse DUE TO		for (a), (b), and (ONSET AN 30 m	
PAF	RT II. OTHER SIGI	none				T RELATED TO THE				IN PART 1		FORMED?
	XTERNAL CAUSE Y Or CONTRI OF DEATH.		non	e		ntar natura of injury		Part II of iten	n 18.)			
	ME OF INJURY lour a.m. p.m.	none 19	Whila	Not While at work	facto	CE OF INJURY (Homory, street, office bld		none	lown)	(County	")	(State)
	resulted from:			Accident				_	, Inquiry ermined mai		and in my	opinion
ACTU:		12.6	aple	2		M.D. ASSISTAN	T MEDICAL	EXAMINER [DATE S	
EXAM NAME	INER'S	D. D. Car	les, M	. D. , 6	Hano	ver Rd	Reist C		Md.		11-3-	01
	CREMATION, 2	226. DATE THEREC	F 220	C. NAME OF CEA	METERY OR		22d	LOCATION	(Cily, town, o		(5	tata)
23. EUNER	AUDIRECTOR	cost, 4600	reas	ADDRESS			NOV		24b. REGIST	TRAR'S SIGN		

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AA Comminsed Name and New Edek Trans. Id.

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TO M. CUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. It delay is necessary, He please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page ITEM 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board scheelth, E or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1177

-				Item 7 Fil	w 6	1200 11/6	767			1	TI	6
1	e. COUNTY E	TH Baltimore	T	MARYLAN		• STATE Mary	ce (Where do	b. COU	Institution:	: Rasiden	ce befora a	dmission)
	write RURAL e	(if outside corporete limits, nd give neerest town) atonsville		c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (I	f outsida corp imore	orata limits, writ	a RURAL e	nd giva	nearest tow	(n) - 0
-		PITAL OR INSTITUTION (if				d. STREET ADDRESS						ESIDENCE
		09 Westshire	Road			606	B1ddle	Street				A FARM?
3.	NAME OF DECEASED (Type or print)	First LILLI!	N	Middle	Ve	ssel	4. DATE OF DEATH	Octo		Day 28	Y 00	61
5.	SEX	6. COLOR OR RACE 7	MARRIE	NEVER MARRIED	8. D	ATE OF BIRTH	9	. AGE (In years		R 1 YEAR	IF UNDER	24 HRS.
	Female	Colored	WIDOWE		0	ctober 15	,02	1ast birthday) 59 s.	Months	Deys	Hours	Min.
do	House	ATION (Give kind of work working life, even if retired) WITE	10b. K	IND OF BUSINESS OR INDU	JSTRY	11. BIRTHPLACE (Stata Baltimor			12. C	ITIZEN C	F WHAT	OUNTRY?
13	FATHER'S NAME				14	. MOTHER'S MAIDEN	NAME					
	Rod	ger Brooks				Lillian	Sides					
	es, no, or unkown)	EVER IN U.S. ARMED FORCE (if yes give war or datas of service) DEATH [Entar only one ca	rica) 2	18-30-6100			eman	Address 3107 P			ane	
NO	Conditions, if engave rise to immediate (e), stating the cause last.	diete cause	NS CON	ITRIBUTING TO DEATH BUT	NOT R	ELATED TO THE TERMIN	AL DISEASE	CONDITION GIV	VEN IN PAI	RT 1(a) 1		
CERTIFICATION	20e. EXTERNAL PRIMARY OF CAUSE OF DEAT	ONTRIBUTING [. DESCR	IBE HOW INJURY OCCURE	D. (Enta	r natura of injury in Part	l or Part II of	Itam 18.)				NO X
MEDICAL	20c. TIME OF IN Hour e.m		While			OF INJURY (Home, farm street, office bldg., etc.		or town)	(Co	ounty)		(State)
	are the second	that I took charge of from: Natural cause	es X		iuicide		XAMINER CAL EXAMIN	Inquired management of the learning of the lea			oate sign	INED
220	NAME (Type) BURIAL, CREMAT REMOVAL (Speci			ty, M.D. 22c. NAME OF CEMETERY West Chap			22d. LOCAT	county) ION (City, fown			(Stat	
	rling to	OR		ADDRESS 1808 N.Mon		24e. REC'	D BY REGISTR	AR 24b. REG		SIGNATI	JRE	

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MARYLAND STATE DEPARTMENT OF HEALTH

11178

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 11189

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission)
e. COUNTY Baltimore MARY	YLAND Maryland b. COUNTY Dorchester
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF ST	AY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)
Fort Howard 64 Days	Cambridge
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street edd	dress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Veterans Administration Hospital	Arcade Apartments YES □ NO 🗵
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year OF
(Type or print) LATRD H.	VINTON DEATH October 10 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRI	IED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORC	
10a. USUAL OCCUPATION (Give kind of work dona during most of working life, aven if retired)	OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Machine sh	op Cambridge, Maryland U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward P. Vinton	Eldora Bromwell
	NO. 17. Clinical Records, VAH, Baltimore 18, Maryland
Yes (Ifyes give were redetes of sarvice) Yes WW I 214-07-8370	
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end	(c),
PART I DEATH WAS CAUSED BY	ONSET AND DEATH
	CARCINOMA, LEFT LUNG, WITH METASTASES UNKNOWN
XXXXXX	
Conditions, if eny, which gever itse to immediate cause	ROTIC HEART DISEASE UNKNOWN
(a), steting the underlying DUE TO	Manufacture of the second of t
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	NTH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
F Bronchoscopy - 8/21/61 - Bronchog	genic carcinoma, left lower lobe, bronchus YES NO X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA Bronchoscopy - 8/21/61 - Bronchog 206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Y OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.)
	2De. PLACE OF INJURY (Home, ferm, † 20f. (City or town) (County) (Stete)
Hour e.m. While Not While	factory, street, office bldg., etc.)
	A
21. I certify that (this hospital) attended the decease	ed from August 7
	and that death occured and
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED.
Thomas raken	M.D. PHYS. DIRECTOR PHYS. X 10/11/6.
22c. PHYSICIAN'S NAME (TYPE)	22d. ADDRESS
THOMAS F. CRAHAN, M.D.	VAH, BALTIMORE 18, MARYLAND, FT. HOWARD DIV.
REMOVAL (Specify)	CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial /0/13/6/ Dorchest	ter Memorial Cemetery Cambridge, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE OCT 1 6 61 Quilling S. Kinna
Howard H. Hubbard 4107 Wilkens	Ave. Balto. Md. DATE arthur S. Krans

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Abend F. Vinone.

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DECEMBER OF SCHOOL PURE FIRST FARE STEELS UNINFORM

ANAPARE CLASS OF ORTOTAL COMMUNICATION

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The Charlotte Le Videnge. See the control of the Parish of the Charlette of the Charlette

Bowers H. Hilbert H. Star, Delection I.vo. Science, 1907, 1876 1 1977, 1

MARYLAND STATE DEPARTMENT OF HEALTH 11190

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11179

		All with
1. PLACE OF DEATH o. COUNTY Baltimore	2. USUAL RESIDENCE (Where decessed livad, If institution: Resid	dence before admission)
MARYLAND		
b. CITY OR TOWN (if outside corporate limits, writa RURAL and give nearest town) Towson	Towson	va neerest town}
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) 1109 Concordia Drive	1109 Concordia Drive	a. IS RESIDENCE ON A FARM? YES NO
	VAGNER 4. DATE Oct. M26, 1961	ey Yeer 19
Female White WIDOWED DIVORCED J	B. DATE OF BIRTH July 30, 1921 9. AGE (In yeers If UNDER 1 YEA Months Deys yrs.	s Hours Min.
Housewife 214-14-7/68	Maryland	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William G. Lentzner, Sr.	Louise C. Hohn	
(Yas no or unknum) [(If yes give were deterof service)]	INFORMANT Address	
2/7-17-1060-1	obert G. Wagner-1109 Concordi	SIN
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+)	charcinama	4 max
180 X DUE TO		
Conditions, if eny, which \ (b) Hupervi	Chhrama	1211
geva rise to immediata cause (a), stating tha underlying DUE TO		1
causa lasf. (c)		
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)	19. WAS AUTOPSY PERFORMED?
K C C C C C C C C C C C C C C C C C C C		YES NO D
G (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Pert II of item 18.)	
	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.)	(State)
21. I certify that (I) (this hospital) at ended the deceased from.	Oct 9, 1961, 10 Oct 26, 1961	, that (I) (we) last
say the deceased alive on Oct 25 19.6.1, and that		
22a SIGNATURE		22b. DATE
Si Caroe T Gilmones	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	SIGNED
22c. PHYSICIAN'S NAME (Type) GEORGET. GILMER	22d. ADORESS	not.
238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY		(Stata)
DEMOVAL (Seacify)	lley Gardens Timonium, Mary	land
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAD'S 41G	MATURE
Wm Cook-Towson, Inc. York Rd., Towson	n. Md. DATECT 3 0'81	
, , , , , ,	1	

deat. Page 4 may be retained by the hospital or attending physician.

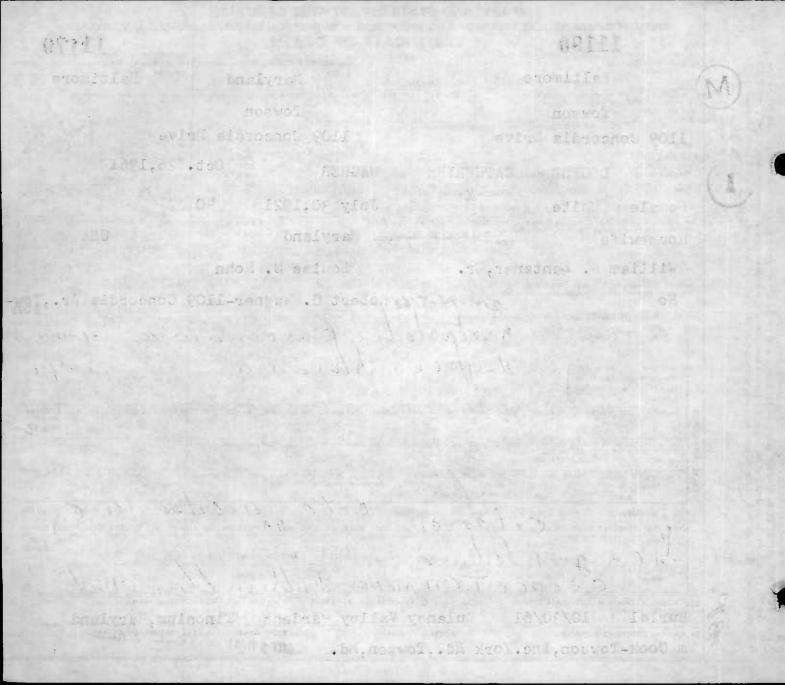
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be exec

within 24 hours after

VR A15 (4) 15M 9/60

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death rage 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72-hours after death. within 24 hours after

VR A15 (4) 15M 9/60 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1	1191		CERTIFICA	TE OF DEA	ATH		1	11911
1. PLACE OF DEATH					IDENCE (Wha			danca bafore edmission
Bal	timore		MARYLAND	a. STATE	Md	b. cou	MIY Ball	timare
b. CITY OR TOWN (if	outside corporate lim give naerast town)	ts,	c. LENGTH OF STAY IN 18	c. CITY OR TO	OWN (If outsida	corporete limits, wri	te RURAL and g	iva naarest town)
Towson	give neerest town)		THE PARTS	N Aula	na. 1/:	110000	Towson	
	AL OR INSTITUTION	if not in ho	spital, giva straat address)	d. STREET ADI	DRESS	mayes	0 000012	a. IS RESIDENCE
14 Te	nbury Ro	ad		1 711	Tenbun	" Road		YES NO
3. NAME OF DECEASED	First		Middle	Last	4. DA	Mont	h [Day Yaar
(Type or print)	Timot	611	Matthew	Word	OF DE.	ATH 10)	10 19 61
5. SEX	6. COLOR OR RACE	9. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years		
male	white.	WIDOW	ED DIVORCED	Oct. 16.	1884	last birthday) 76 yrs.	Months Day	/s Hours Min.
10a. USUAL OCCUPATION			CIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE	(County & Stat	a, or foreign country	12. CITIZE	N OF WHAT COUNTRY
done during most of wor	king life, even it fallts	Mai	intenance	Man	uland		1/9	A
13. FATHER'S NAME			0,000,000,000	14. MOTHER'S M	AIDEN NAME		01.3	THE STREET
Michael	2. Wand			Not	known			
15. WAS DECEASED EVE			SOCIAL SECURITY NO. 17	INFORMANT		Addres	\$	Part of the same
(103, 110, 07 BIROWII) (II	yaagi va waron galason:	21	9104322 11	TRS MY	7124 /	REARY		SAME
		cause per	line for (a), (b), and (c)	1 11 1	n.			INTERVAL BETWEEN ONSET AND DEATH
	I WAS CAUSED BY: MMEDIATE CAUSE (a)	av I	Mirhola Car	nu Vusulis	Vylen	w		5 W
420.1	DUE TO		11					
Conditions, if any,	100	C	ormany Imulh	in, O nenon	/			3 m
gave risa to immadia (e), steting tha un	DIT TO			1				
ceusa last.) (c)		<u> </u>					
PART II. OTHER	SIGNIFICANT COND	TIONS CO.	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISE	ASE CONDITION GI	VEN IN PART 1	19. WAS AUTOPSY PERFORMED?
PART II. OTHER OTHER 20a. ACCIDENT WA OR CONTRIBUTING I								YES NO
OR CONTRIBUTING	CAUSE OF DEATH	20b. DE:	SCRIBE HOW INJURY OCCUR	ED. (Enter natura of Inj	ury in Part I or	Part II of itam 18.)		
	MEDICAL EXAMINER)						10	(0.1)
20c. TIME OF INJUI	RY Month, Day, Ye	ar 20d. Whil		LACE OF INJURY (Honactory, street, office bld		(City or town)	(County) (Stata)
p.m.	19	at wo	rk at work		1,1,	IN A	1	1
21. I certify th	11		ded the deceased from	- 1 1 .	19 4 6	to ID U		, that (I) (***) la
	alive on	ucr	19.61, and th	at death occured	at.4.HM,	from the causes	and on the	
22a. FIGNATURE	1 total 1000 /			ATTENDING	MED.	STAFF		22b. DATE SIGNE
22c PHYSICIAN'S	TON YNAW			M.D. PHYS.	DIKECTOR	PHYS.	01	1111111
NAME (Type)	1 HIWM	w Gi	MEMINIO	220. 7557120	8614	HANKAND	Vd.)4/4 (14) M
23e. BURIAL, CREMATIC REMOVAL (Spacify)	ON, 23b. DATE THE	REOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d.	LOCATION (City, to	own or county)	(Steta)
burial	10-14-	.67	New (athe	dral (em.	Be	ultimore	, Md.	
24 PUNERAL DIRECTOR	S SIGNATURE		ADDRESS		a. REC'D BY R	104	GISTRAR'S SIG	
Leonard !	t. Ruck 5	305	Hartord Rd.	DA	ATE OCT 13	3 '61 C	Withun S. 1	Trans

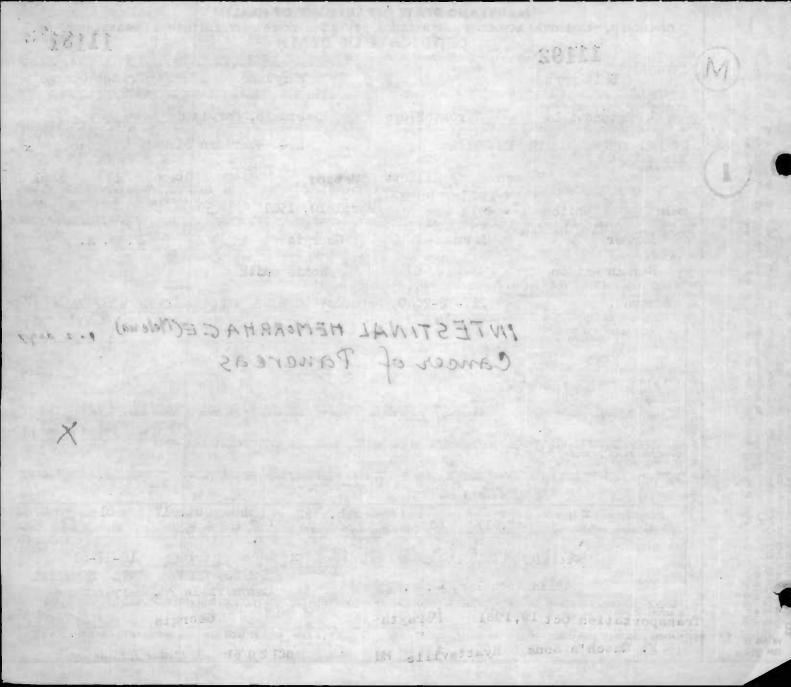
TOWER MARKY TREAMY SHINE many the first of marting the land of the a eller en a comment e partient y annout - 10 10 of the state of Marines univer Elit Harnes to Tilley Mid April 12 - Little 12 Table 12 Table 22 and the solution of mention as the

A15 (4) 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF THE DEATH 11181

11149	
PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) e. STATE Marry 2 and b. COUNTY Prince George
Baltimore MARYLAND	o. STATE Mary land b. COUNTY Prince George
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporata limits, write RURAL end give neerest town)
Catonsville 7yr6mth27dys	Riverdale, Maryland 1665-2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
SPRING GROVE STATE HOSPITAL	4898 Sheridan Street YES NO €
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year OF
(Type or print) Herman Elliott	Watson DEATH October 17 19 61
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
	April 10, 1911 50 yrs. 100
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
farmer	Georgia U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Herman Watson	Roxie Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyesgive warordetes of service)	
unknown 217-32-2640 R	ecords: SPRING GROVE STATE HOSPITAL
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause (e), stating the undarlying cause lest.	Pancreas Pancreas
[6]	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY REFORMED?
CV	YES NO I
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIB	D. (Enter neture of injury in Pert I or Pert II of item 18.)
	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stata) ctory, street, office bldg., etc.)
21. I certify that A (this hospital) attended the deceased from saw the deceased alive on Oct. 17 1961 , and that	Feb. 22 19.54 to Oct 17, 19.61 that (I) (we) last death occurred at 7, from the causes and on the date stated above
220. SIGNATURE Sella Wachsler,	ATTENDING MED. STAFF 10-17-61
22c. PHYSICIAN'S NAME (Type) Stella Wachsler, M. D.	22d. ADDRESS SPRING GROVE STATE HOSPITAL Catons ville 28, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
Transportation Oct 19,1961 Forsyth	Georgia
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25m. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
F. Gasch's Sons Hyattsville Md	DATET 20'61 Oalling & Trans
TO TITE AND	The state of the s



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
11193 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg.			1	-	1	No
Reg.	Dist.	No.	all-	alla	L	O.K.

2 tictial premerce nather described to lectivities. Peridence before

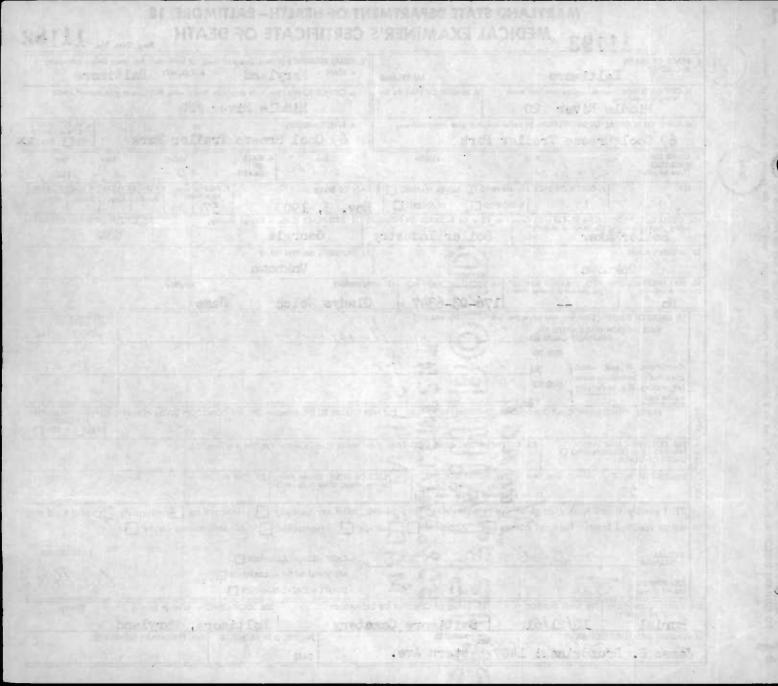
6. COUNTY Baltimore MARYLAND	o. STATE Maryland b. COUNTY Baltimore
b. CITY OR TOWN f outside corporate limits, write RURAL and give nearest town) Middle River #20	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Middle River #20
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS . IS RESIDENCE
69 Cool Breeze Trailer Park	69 Cool Breeze Trailer Park VES NO DX
3. NAME OF DECEASED (Type or print) SG P First H Middle	Walo & A. DATE Month Day Year OF DEATH & 18 196/
5. SEX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years lost birthday) 15 UNDER 1 YEAR 15 UNDER 24 HRS. Months Days Haurs Min.
WIDOWED DIVORCED	Nov. 3, 1903 57 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boiler Maker Boiler Industry	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	IFORMANT Address
(Yes, no, or unknown) No If yes, give war or dates of service) 176-03-6347	Gladys Welch Same
18. CAUSE OF DEATH [Enter only one cause per life for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Doct dis. Interval Between ONSET AND DEATH 2 years
Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse last. (c)	2 year
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO
206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	nter nature of injury in Port I or Part II of item 18.)
ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40e. PLAC While Nat while at work 19 of work 1	CE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State) ry, street, affice bldg., etc.)
21. I certify that I taak charge af the remains described above	ve, held an Autapsy [], Inspection [4, Inquiry [], and find that
death resulted fram; Natural causes . Accident . Suic	tide [], Homicide [], Undetermined cause [].
ACTUAL SIGNATURE Della College	_M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S SACL @ Colliers	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER
22g. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR C	CREMATORY 22d. LOCATION (City, tawn, or caunty) (Stote)
Burial 10/21/61 Baltimore Cem	
23. FUNDAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE
James E. Bruzdzinski 1407 Eastern Ave.	DATE OCT 20'61 Circling S. France

TO PERIOR MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please executed the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fundamentary. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the pagintar prior to a burial, cremation,

VS. A15ME(5) 5M 9/55

or remayal



TO RESTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exertively within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11194 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2			stitution: Residenca before admission)
Baltimore	MARYLAND	Maryland	b. COUNT	
b. CITY OR TOWN (if outside corporate limits c FNC	TH OF STAY IN 16		outsida corporata limits, writa l	RURAL and give nearest town)
write RURAL and give nearest town)	Days	Baltimore	23	3 VO1-4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give	straat addrass)	d. STREET ADDRESS	The second	a. IS RESIDENCE ON A FARM?
Veterans Administration Hospital		2223 W. F	ayette Street	YES NO X
3. NAME OF First DECEASED	Middla	Last	4. DATE Month	Day Yaar
(Type or print) HOWARD		WEST	DEATH Octobe	r 13 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEV	FR MARRIED B. D	ATE OF BIRTH	9. AGE (In years I	
Male Negro WIDOWED		lovember 23.		Months Days Hours Min.
10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BI			& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY
dona during most of working life, avan if ratirad) Bartender		Dalhimana	2/22	
13. FATHER'S NAME	1 1	Baltimore Mother's Maiden N	Maryland	U. S. A.
			Amc	
Ierman C. West		Hazel Giles	THE ATER BUTTON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL S (Yes, no, or unkown) (Ifyasgivawarordatesofsarvica)	ECURITY NO. 17. INF		Address	30
Yes WW II 220-20	-3000 CTIU	icat Record	s, VAH, Baltimo	re 18, Maryland
18. CAUSE OF DEATH [Enter only one cause per line for (a)			FORT HOWARD	DIVISION INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY.				ONSET AND DEATH
IMMEDIATE CAUSE (a) BRONCHOL	PNEUMONIA		V.	3 Days
7-9/X x 24.59				
Conditions, if any, which (b) CIRRHOS	IS OF LIVER			UNKNOWN
gava rise to immadiata cause				02122101121
(a), stating the underlying DUE TO				Practical Control
causa last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT R	RELATED TO THE TERMINA	AL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Ĭ.				YES NO
208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HO	W INJURY OCCURED. (E	ntar natura of injury in Pa	art I or Part II of itam 18.)	
OR CONTRIBUTING CAUSE OF DEATH		mor more or miles / miles		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY O		OF INJURY (Home, farm, streat, office bldg., etc.)	20f. (City or town)	(County) (Stata)
at work at	Whila ractory,	, sitear, office brug., etc.)		
	1	tahan Q t	67 · Ostsz	72 167 11 18 () 1
21. I certify that \$ (this hospital) attended the	deceased from.U.C	3:50	yor, 10.0c.cober	T3, IXOT: Hat (A) (Me) las
saw the deceased alive on October 131	901, and that de	eath occured alA	M, from the causes a	
22a. SIGNATURE		ATTENDING ME	D. STAFF	22b. DATE
1 Stoke 2	M.D.		RECTOR PHYS.	10/13/61
22s THYSCIAN'S		22d. ADDRESS		
NAME (Type)		VAH, BALTIN	MORE 18 MADVIA	ND Em money
SEBASTIAN RUSSO, M.D	,			ND, FT. HOWARD DIV.
	AME OF CEMETERY OR	CREMATORY	23d. LOCATION (City, town	or county) (Stata)
REMOVAL (Spacify) 10-17-61	Soltimore No	tional Cem	Baltimore 28	Memrland
	DOT OTHOT & ING	ATOTICE ACTIVE		a Piche V - Louis
	DDRESS	25a. REC'I	BY REGISTRAR 256. REGI	
	DDRESS	25a. REC'I	BY REGISTRAR 25b. REGI	

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Leaft-Co. Santalore Bustone day, Baltimas of Maryanda

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dead. PITAL OR ALTENDING PHYSICIAN: The law requires that the death certificate be extended within 24 hours after dead. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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	AADVIAND	CTATE	DEPARTMENT	OF	HEALT
- 41	MANIEMINE	SIMIE	DELWEIGHT	OF	ERESPER S

TH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND

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11195 CERTIFICATI	OF DEATH	11184
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	esidence before admission)
Baltimore Maryland	1003 Maryland	- 18.00
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
Fort Howard 20 Days	Baltimore 23	# 1
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address)	d. STREET ADDRESS	a. IS RESIDENCE
Veterans Administration Hospital	1003 Bennett Place 3	YES NO
3. NAME OF First Middley DECEASED	Last 4. DATE Month	Day Year
(Type or print) FERNIE	WHITE DEATH October	3 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8	9. AGE (in years FUNDER 1' last birthday) Months E	YEAR IF UNDER 24 HRS.
Male Negro WIDOWED DIVORCED	October 22,1889 71 yrs.	A Prince
10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County's State, or foreign country) 12. CITI	ZEN OF WHAT COUNTRY?
Crane Operator - Ret.	Washington N. Carolina U.	S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Edward White	Susan - Maiden name unknown	god Light Mark gow
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, no, or unkown) (Ifyesgive war or dates of service)	INFORMANT Address	
Yes WW I 218-05-6104 FO	inical Records, VAH, Baltimore 18	d, Maryland
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).)	TO HOMOTIC DIATOID	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BILATERAL PNEUMONI	A	1 DAY +
L-O/ A XXXXX		1944
MYOGAPDIAT COTEBOG	TS DIF TO	UNKNOWN
gave risa to immediate cause XXXXX LUETIC AORTITIS	ID DOD IO	
(a), stating the underlying		UNKNOWN
cause last. (c) CHRONIC CYSTITIS		UNKNOWN 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
CAI		YES Y NO
ZOB. ACCIDENT WAS UNDERLYING ☐ CAUSE OF DEATH OR CONTRIBUTING ☐ CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter nature of injury in Part I or Part II of item 18.)	44.
-	CE OF INJURY (Homa, farm, 20f. (City or town) (Coun	ity) (State)
Hour s.m. While Not While	ory, street, office bldg., etc.)	7 (31810)
21. I certify that (this hospifal) atlended the deceased from.	September 13161, 100ctober 3, 161	, that x(i) (we) last
saw the deceased alive on Oct. 3 1961, and that	death occured amM, from the causes and on the	ne date stated above.
22a. SIGNATURE	ATTENDING MED STAFF	22b. DATE
M Arumo WD	D. PHYS. DIRECTOR PHYS.	10/5/69
22c, PHYSICIAN'S	22d. ADDRESS	
SEBASTIAN RUSSO, M.D.	VAH, BALTIMORE 18, MARYLAND, FI	. HOWARD , DIV.
238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY		
Burial Specify 10-9-6/ Baltimore	National Baltimore 28, Mar	yland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S S	IGNATURE
Elroy/Wilson Funeral Home 1000 Brantley	Ave. DATE OCT 11 '61	/-
Baltimore 1	7, Md. DATE DATE	Marie

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PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

CERTIFICATE OF DEATH

e. IS RESIDENCE

IF UNDER 1 YEAR IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

2 WEEKS

PERFORMED? YES NO Z

(Stote)

SIGNED

12. CITIZEN OF WHAT COUNTRY?

Dovs

(County)

196/, that (1) (we) last

MO

(Stote)

Months

ON A FARM?

YES NO T

Yeor

19 6

2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)

directar, o. COUNTY o. STATE filed b. COLINTY MARYLAND funeral b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 pe RURAL and give nearest town) PIO SSE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION by 2 pup = 4. DATE NAME OF First Middle Month filled DECEASED DEATH (Type ar print) WIENE Pages 9. AGE (In years last birthday) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH campletely WIDOWED A DIVORCED | papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) and pan BALTO 13. FATHER'S NAME COL 2 physician with remave 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address attending please 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ARTERIO. SCLEROTIC DUE TO à HEART DISEASE Conditions, if ony, which gned gove rise to immediate DUE TO cause (o), stating the underlying cause lost. burial-tronsit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a. m. While Not while at work at work After 21. I certify that (1) (this haspital) attended the deceased fram MAY 15 1958 to OCT 1) detached 16 1961, and that death accurred at 2M, from the causes and an the date stated above. OC saw the deceased alive an RAL DIRECTOR: 22a. SIGNATUR MED. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 108 poge 3 st FUNE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town, ar county) REMOVAL (Specify) CEMET 24. FUNERAL DIRECTOR'S SIGNAPURE 250. BEC'D BY REGISTRAR

10 VR A15 (4)

with

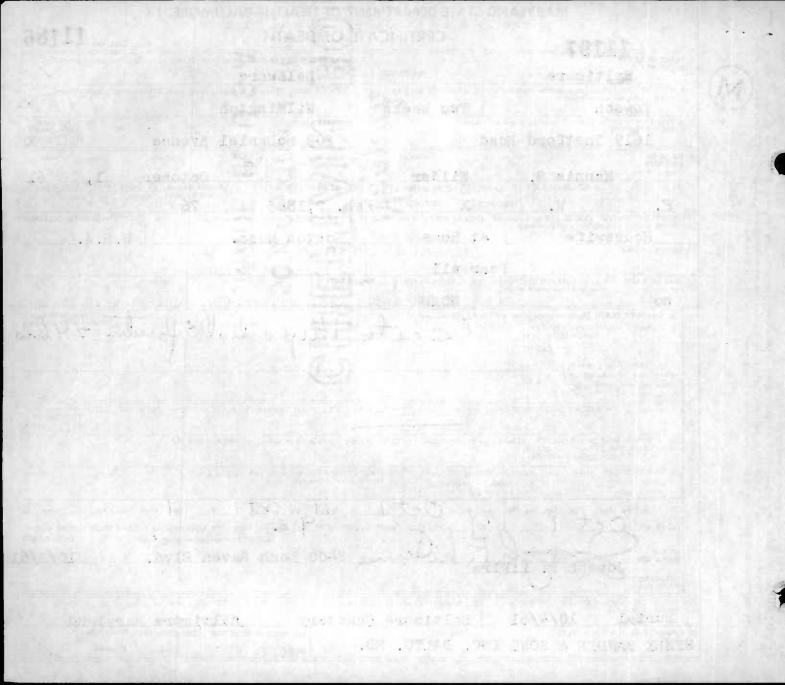
25b. REGISTRAR'S SUGNATURE arthur S. Kraus

TO HO IAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within ours after death. Page 4 may 2007 retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 shauld be filed with the registror prior to burial, cremation, ar removal, and in any event within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

/	7.5	1107	CERTIFICA	ATE OF DEA	TH	Reg. D	Dist. No. 11186
	PLACE OF DEATH	ltimore	MARYLAND	o. STATE	(Where deceased live	ed. If institution: Reside b. COUNTY	ence before admission)
	b. CITY OR TOWN RURAL and give	(If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate	limits, write RURAL one	give nearest town)
	Tows		Two Weeks	Wil	mington		LL XX
	d. NAME OF HOSP	ITAL (If not in hospital, give street	oddress)	d. STREET ADDRESS	S	*****	e. IS RESIDENCE
	or institution	Thetford Road	đ	203 M	cDaniel	Avenue	ON A FARM? YES NO NO
	NAME OF DECEASED	First	Middle	Last	4. DATE OF DEATH	Month	Day Yeor
_		Nannie S.	Wilder			October	1, 1961
Э.	SEX		RIED NEVER MARRIED	B. DATE OF BIRTH	9. 4	GE (In years IF UNDE	Doys Hours Min.
	F	W. WIDOW		Feb. 2,18		76 yrs.	
10a	 USUAL OCCUPAT during most of wo 	ION (Give kind of work done 10b. rking life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (SI	tote or foreign countr	y) 12.CI	TIZEN OF WHAT COUNTRY?
			at home	Boston	Mass.	U	S.A.
13.	FATHER'S NAME			14. MOTHER'S MAIDE	EN NAME		
	Jose	ph N. Pe	arsall	Harre:	itt Stile	6	
15.		ER IN U. S. ARMED FORCES? 16.		NFORMANT		Address	
(10	no	(If yes, give war or dates of service)	NONE Wi	lliam H. W	ilder.410	O Dudley	ve.Balto.6Md.
		ATH [Enter only one couse per li		2 4	AC		LINTERVAL BETWEEN
Z	Conditions, if gove rise to couse (o), stoting lying couse lost	immediate DUE TO	CONTRIGUING TO DEATH BUT	NOT BELATER TO THE TE	EPMINAL DISEASE CO	INDITION GIVEN IN PA	APT I/OI 19 WAS AUTOPSY
CATIO	7 881 11. 01	THE STORT CART CONDITIONS	SOLVENING TO DEATH SOL	NOT KELATED TO THE TE	EKMINAL DISEASE CC	NAPINON GIVEN IN FA	PERFORMED? YES NO X
CERTIFICATION	OR CONTRIBUTION	/AS UNDERLYING ☐ 20b. DES G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury	in Port I or Port II o	of item 18.)	
MEDICAL	20c. TIME OF INJU Hour o. m. p. m.		Not while foo	ACE OF INJURY (Home, ctory, street, office bldg.,		lown)	(County) (Stote)
	ACTUAL SIGNATURE	hot lattended the decease 19				couses and on the	ast sow the deceosed ne dote stoted obove. DATE SIGNED 10/2/61
220	BURIAL, CREMATION REMOVAL (Specify Burial	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY O			(City, town, or county)	
			Baltimore			timore Ma	
-	ENRY SAL		NC. BALTO. M	D	REC'D BY REGISTRAR	24b. REGISTRAR'S S	1.4



TO HE SITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exected within 24 hours after death fage 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deapth.

	T DIVISION OF STATISTICAL R		301 W. PRESTON S	TEALTH STREET, BALTIMORE	1, MARYLAND	
	11199	CERTIFICATE	OF DEATH		11187	
1.	PLACE OF DEATH a. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (STATE Maryland	(Where deceased lived, If institute b. COUNTY	ution: Residence before admission)	
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Fort Howard	c. LENGTH OF STAY IN 16	Baltimore	utside corporate limits, write RUR	V01-4	
	d. NAME OF HOSPITAL OR INSTITUTION (if no Veterans Administration)		d. STREET ADDRESS	Cayette Avenue	e. IS RESIDENCE ON A FARM? YES NO	
3.	NAME OF First DECEASED	Middle		DATE Month OF	Day Year	
5	(Type or print) SEX 6, COLOR OR RACE 7		WILSON DATE OF BIRTH	October 9. AGE (In years IF U		
J.		MAKKIED & INEVER MAKKIED	ecember 25,189	last birthday) Moi	nths Days Hours Min.	
100 do	e. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County &	3 State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
13.	Laborer FATHER'S NAME	Construction	Sumter, S.	Carolina	U. S. A.	
	Unknown WAS DECEASED EYER IN U.S. ARMED FORCES ss, no, or unkown) (Ifyesgive war or dates of servi	5? 16. SOCIAL SECURITY NO. 17. 17. 17. 17. 17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18	Daisy: Mn: U		ard Division	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if eny, which gave rise to immediate cause (a), stating the underlying cause lest.	use per line for (a), (b), and (c).} BILATERAL TUBERO	culous pneumoni	IA	INTERVAL BETWEEN ONSET AND DEATH UNKNOWN	
CERTIFICATION	OR CONTRIBUTING [] CAUSE OF DEATH	NS CONTRIBUTING TO DEATH BUT NO			N PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO	
MEDICAL CE	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		CE OF INJURY (Home, farm, pry, street, office bldg., etc.)	20f. (City or town)	(County) (State)	
	21. I certify that (X (this hospital) attended the deceased from September 30161, to October 4, 1961 that (X (we) last saw the deceased alive on October 4 1961, and that death occurred at P. M, from the causes and on the date stated above. 228. SIGNATURE ATTENDING MED. STAFF					
	22c. PHYSICIANS NAME (Type) SERASTIAN RUSS	M (2- > M.	DILLING TO BIRDE	CTOR PHYS.	10/5/61	
23	REMOVAL (Specify) Burial Removal (Specify) Burial	23c. NAME OF CEMETERY	ional Cemetery	3d. LOCATION (City, fown or	(Stata)	
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Bront 1	ATTO 25a. REC'D I	BY REGISTRAR 25b. REGISTR		
	Elroy O. Wilson Funer	al Home Baltimore	17, Md.	51 11 '61 0.	They & Mayo	

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elay is necessary, please exedirector. Page 4 shauld be TO DECEPTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execut. A certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the function. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11100

		- 1	17	4	00
Reg.	Dist.	NoL	1	1	88

I. PLACE OF DEATH o. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE Md. b. COUNTYBaltimore				
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give negres) town) Dundalk	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) **Dundalk**				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 7040 Dunbar Rd.	d. STREET ADDRESS 7040 Dunbar Rd. e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)				
3. NAME OF First Hiddle (Type or print) WALTER H.	Last A. DATE Month Day Year DEATH October 15 1961				
	Jan. 28, 1890 Con July Jyrs. Months Doys Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pettred steel	Pennsylvania 11. BIRTHPLACE (Stote or foreign country) Pennsylvania U.S.A.				
George Wilver	14. MOTHER'S MAIDEN NAME Cora —— Stahl				
(Yes no or unknown) I Ill use nive war or dates of service)	Address Lian E. Wilver, 7040 Dumbar Rd., Dumdalk 22				
18. CAUSE OF DEATH [Enter only one cause per lipe for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 4201 DUE TO Conditions, if ony, which gave rise to immediate cause	Ocelesian Interval Between ONSET AND DEATH 16 Man.				
Col, stoting the underlying DUE TO Course lost. Colored					
PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year Hour o.m., p.m. 19 of work of work of work at work of wo					
21. I certify that I took charge of the remains described above, held on Autopsy . Inspection Inquiry and find that death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined cause .					
EXAMINER'S SIGNATURE PRESIDENT O COLLINS	_M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MED				
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMOVAL (Specify) Durial 0ct. 18, 1961 Oak Lawn Ceme					
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ullrich Funeral Home, Dundalk, Maryland	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE OCT 1 9 '61				

VS. A15ME(5) 5M 9/55

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	CASA AMERICAN CONTROL			
88111		AL EXAMINES	MEDIC -	
2				

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11189 11200

H:	at it for U U				2-100
V	1. PLACE OF DEATH		2. USUAL RESIDENCE (Where		esidence before edmission)
/	· COUNTY BALTO	MARYLAND	e. STATE MD	b. COUNTY BL	LTO
-	b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	rporete limits, write RURAL end	give neerest town)
	write RURAL and give neerest town)	2 VIDS	X TOWSON		
4	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	coital give street address)	d. STREET ADDRESS		e. IS RESIDENCE
	1642 ABERDEEN	phot, give shoot eduless;	1642 ABERI	DEEN RO	ON A FARM?
1	3. NAME OF First DECEASED	Middle	Last 4. DATE	Month	Dey Yeer
	(Type or print) LETTIE C	9THERINE	WOOD DEAT	H OCT. 1	0 1961
	5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In yeers IF UNDER 1) last birthdey) Months D	
	FEMALE WHITE WIDOWE	[E] Lui #	1PR.18, 1881	80 yrs.	Peys Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & Stete, o	or foreign country) 12. CITIZ	ZEN OF WHAT COUNTRY
		UNDRY	PETERSBURG	VA. U	SA
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	GEORGE INYER	5	ROSA U. B	BROCKWO	SLL
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unkown) (Ifyes give wer or detes of service)	SOCIAL SECURITY NO. 17. I	NFORMANT	Address	RD
	No - 213	3-09-9249 P	ORENCE GILLORI	RUW 1642 H	BERDEEN
	18. CAUSE OF DEATH [Enter only one ceuse per	line for (e), (b), end (c).]	1) 1		ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+)	enebral	Hemort nage	1	2 dails
	331V DUE TO	1	1 0/2	•	200-90
	Conditions, if eny, which \ (b)	evolval A	rteriusch vi	215	Vents
	geve rise to immediate cause	1	1 1	1	/
	(e), steting the underlying couse lest.	Jeneval 12	ed Artoria	250/4r0515	
1		TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY PERFORMED?
	ATIC				YES NO
1		CRIBE HOW INJURY OCCURED	. (Enter neture of injury in Pert I or Per	t II of item 18.)	
1	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	20c. TIME OF INJURY Month, Dey, Yeer 20d.			City or town) (Coun	ity) (Stete)
	Hour a.m. While	D 1401 44 11110 1-1-4	ory, street, office bldg., etc.)		
1			5-11 21 10/1 :	· OEP 10 196	2, that (I) (ame) las
1	21. I certify that (I) (this hospital) atten	C. M.	1/5	om the causes and on the	
1	saw the deceased alive on		death occured at	im the causes and on the	22b. DATE
	0 // /	. 6	ATTENDING MED. PHYS. DIRECTOR	STAFF PHYS.	IN/ SIGNE
	22. PHTSICIAN'S	ceg "	D. PHYS. DIRECTOR		14/1461
) NAME (TYPE) DR. CHARLES	SEVOIK	5101 BELA	IR KD.	
	23e. BURIAL, CREMATION, 23b. DATE THEREOF	23c, NAME OF CEMETERY	OR CREMATORY 23d. LO	CATION (City, town or county) (Stete)
	BUDIAL 10/13/61	HOLY RED	EEMER BA	2270.	MD.
1	24 JUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY REG	ISTRAR 256. REGISTRAR'S S	IGNATURE
	George W. Hollmann 3	3218 Hupso	DN ST. DATE OCT 11	'61 arthur &.	Kraus

director, page be filed with the OF VR A15 (4) 15M 9/60

3 13 70 EBETS. WHETE TRUE CAR TO THE TOWN TOWN Remove Withing the state of the FORTH LEWIS TO STEEL SHOWEN LAND MASK BETHER MYTHER STEELS SOLD TO PROCESSES Medical States of the Server o TREMMES SOLEIK SELVERALIE KO BURGER 1913/37 HOLY MEDIE ONERS BUSINES Say M. Hold Love at 3218 Hay DSC V SE IN 18 18 18 Commerce of the State of the Stat

MARYLAND STATE DEPARTMENT OF HEALTH

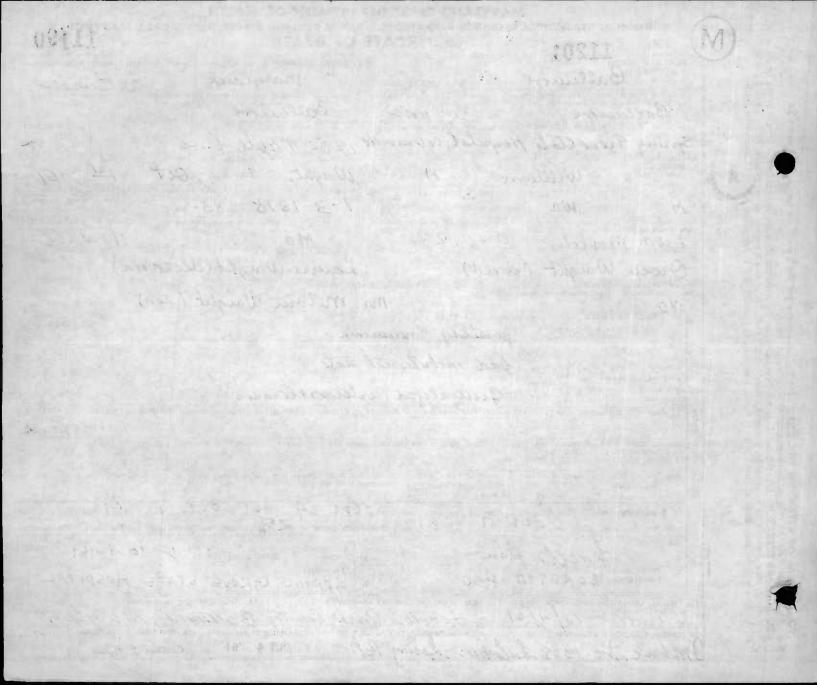
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 90 11004

	1		
	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Whare daceasad lived, If institution: Residence before admission
		a. COUNTY Baltimore MARYLAND	8. STATE maryland b. COUNTY Battimere
		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		Wily RURAL and give nearest town) 2 W elhs	Balliume
110		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS a. IS RESIDENCE
OIL	3	Spring Grove State Hospetal, Catomivil	le 1250 Maple auc. 1 YES NO
x)	3.	NAME OF First Middle DECEASED	Last V4. DATE Month Day Year
		(Typa or print) William H	Wright DEATH Oct 1st 1961
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS.
		M Wh WIDOWED DIVORCED	1-3-1818 83. vis.
		a. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	TRY 11. BIRTHPLACE (County & Stata, or foraign country) 12. CITIZEN OF WHAT COUNTRY
		From Moulder B. +O. R.R.	Md. U.S.a.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		Owen Wright (dead)	Louise Wright (deland)
		as, ng, or unkown) (Ifyasgivawarordatesofservica)	vr. Melvin Wright (Ron)
		No	vr. Melvin Wright (Ron)
		io. CAUSE OF DEATH [Enter only one causa per lina for (a), (b), and (c).]	INTERVAL BE WEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8) possibly brewn	coma
		450.1) DUE TO 7	2 4 4
		Conditions, if any, which) bad mubituons	l plate
		gave rise to immediate cause	
		(a), stating the undarlying DUE TO Generalized (c)	arteris clerosis
	z	10/	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	2		PERFORMED?
	Š		YES NO
Q	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Entar nature of injury in Part I or Part II of itam 18.)
	CAL	20c. TIME OF INJURY Month, Day, Yaar 2Dd. INJURY OCCURRED 2Da. PL	ACE OF INJURY (Home, farm, † 2Df. (City or town) (County) (State)
	MEDIC	Hour a.m. Whila Not Whila fa	ctory, street, offica bldg., etc.)
		21. I certify that (I) (this hospital) attended the deceased from	5GPT. 29 , 1961, to DCT. 1 , 1961, that (1) (we) la
			at death occured a
		22a, SIGNATURE D	22b. DATE
		1 , 10 14.	M.D. ATTENDING MED. STAFF PHYS. PHYS. 10-1-61 SIGNE
		22c. PHYSICIAN'S	22d. ADDRESS
,		NAME (Type) LORETTA HSU	SPRING GROVE STATE HOSPITAL
	23	a. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
		Burial 10/4/61 London	Jack Cemetry Ballomore, Marytand
0	124	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
1001	4	mbrise tre: 1328 Sulphun Spring 1	Cf. DATOCT 4 '61 Orilar S. Kraus
The same	7		

TO H. SITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Age 4 may be retained by the hospital or attending physician.

> TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in by the funeral be director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

15M 9/60



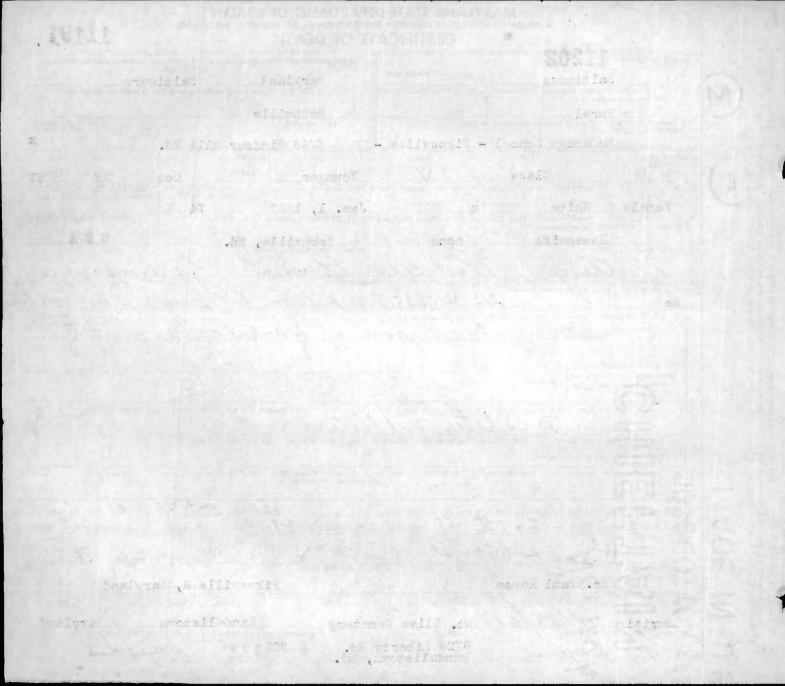
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VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11191

_		44000											
1. P	LACE OF DEATH	11202			MARYLAND	o. STATE			lived. If institution b. COUNTY		ce before	e admissi	on)
b		Baltimore (If outside corporate lin nearest town)	nits, write	c. LENGTH	OF STAY IN 16		TOWN (If o		Balt: ote limits, write R		give near	est town)
1		Rural				X H	abbvi I	14					
(OR INSTITUTION	ITAL (If not in hospital,				d. STREET A	DDRESS				e		FARM?
		McDonogh So	hool	- Pik	esville .	6	46 Wi	ndsor	M111 Rd.			IE3	NO DE
3. N	NAME OF DECEASED	F	irst		Middle	Las	t	4. DATE	Mon	th	Day	,	feor
(Type or print)	Cle		,	V	Younge		DEATH	00	IF UNDER	26		9 61
S. S	EX	6. COLOR OR RACE	/· MARR	IED NEV	ER MARRIED	B. DATE OF BIRT	Н		9. AGE (In years lost birthday)	Months	Doys	Hours	Min.
	Female	White	WIDOWE	D 🕞	DIVORCED	Jan. 1.	1387		74 yrs.		/-		
10a.	USUAL OCCUPATI	ION (Give kind of work rking life, even if retire	done 10b.	KIND OF BL	ISINESS OR INDU				untry)	12. CITI	ZEN OF	WHATC	OUNTRY?
		Housewife		non	ne	Hel	bvill	e. Wd.			U	A	
13.	FATHER'S NAME	/		.1		14. MOTHER'S	MAIDEN N	AME	_				
	M/	001		1//	1100	///	11011	0	2		. 01.		
15	WAS DECEASED BY	ER IN U. S. ARMED FO	RCES2 16	SOCIAL SEC	LIRITY NO. 17 H	NFORMANT	vvju	~	Add	ress	2000	200	The
	, no, or unknown)	Ilf yes, give wor or dates of		10 70		201. 201	son '	90	11		~ ()	0.25	1 1
_	No		de	12-92	-0658	MUNIC	exian	ve:	young	er) PU	um	oren
		ATH [Enter only one of	ouse per lin	ne for (o), (b), ond (c).]		Am	(/ /			T AND	
	PART 1. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (01	Oras	inam	a of	Ra	nerel	as			·W	
	157	DUE TO	, , , , , , , , , , , , , , , , , , , ,	3			11					1	
	Conditions, if	X		A			V					V	
	gove rise to	immediate	b)	13			-				-		
	couse (o), stoting		0										
7	lying couse lost		c)								- 11 1 120	11116	LIZODOV
CATION	PART II. O1	THER SIGNIFICANT COL	NDITIONS C	ONTRIBUTIO	NG TO DEATH BUT	NOT SELATED TO	THETERMI	NAL DISEASE	CONDITION GIV	EN IN PAR	1 1(0) 19	PERFO	RMEDE
3		N	cab	eles	ne	eller	0					YES 🗌	NO V
CERTIFI	OR CONTRIBUTING	YAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	CRIBE HOW	INJURY OCCURRE	D. (Enter noture o	of injury in I	Port I or Port	II of item 1B.)				
AL.	20c. TIME OF INJU		agr 20d 1N	NJURY OCCL	IPPED 20e PL	ACE OF INJURY	Home form	, 20f. (City	or town)	10	County)	-	(Stote)
MEDICAL	Hour o. m.		While	Not w	nile fo	ctory, street, offic			or lowly	,	.comy,		(31016)
Z	p. m.			k ot wor				. 4	4 -1 -	-	//		
	21. I certify th	at (1) (this hospite	il) attend	ed the de	ceased fram		12	46.ta	OUT	5_, 19_	2/, the	at (I) (a) last
	saw the deced	sed alive on	400	1 196	and that o	death accurre	d at & a	M, fram I	he causes an	d an the	date	stated	abave.
	220. SIGNATURE		-				1						. DATE
2	7	Taul &	400	orga		M.D. PHYS.		ED. RECTOR	STAFF PHYS.	26	5 00	76	SIGNED
1	22c. PHYSICIAN'S			0		22d. ADDR	ESS		-				
	NAME (Type)	Dr. Paul F	loyse				F	ikesvi	11e 8, 1	aryla	nd		
23a.	BURIAL, CREMATI		OF /	23c. NAMI	E OF CEMETERY C	R CREMATORY		23d. LOCATI	ON (City, town,	or county)	24	(Stote	e)
	Burial	10/28	161	Mt.	Olive Ce	meterv		Rand	allstown		Me	ryl	and
24.	FUNERAL DIRECTO	R'S SIGNATURE	,	ADDRE	ESS			D BY REGISTR		STRAR'S SIG	SNATUR	E	
Z	anina	(E)ul in	/	872	8 Liberty	Rd.	DATE OC	T 3 0 '61	an	Thur &	Keary	2	
	anny	- FUNG		Kan	dallstom	2, Md.				23,	1 STEWNS		



FOR STATE HEAL

MARYLAND STATE DEPARTMENT OF REALTH

Division of STATISTICAD RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

LEVA MINED'S CEPTIFICATE OF DEATH

11192

11203	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH
- C - C - C - C - C - C - C - C - C - C	nge a		1/	1/

IEALTH DEPT.	1. PLACE OF DEATH 1 tems 22C &d, Film s. COUNTY	USUAL RESIDENCE Where decessed fived, If Institution: Residence before admission)
s age	Baltimore MARYLAND	New Jersey
r. Pag files. Healt	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)
ector.	Willo KOAL old give liceless town)	Washington (7X-5
dir.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give straet eddress)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
dela eral e Bo	Scene of accident - Pulaski Hgwy.	215 Puch Avenue
fun fun saine Stat sath	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
the the	(Type or print) RTCHARD I.	ZELLERS DEATH October 2. 1961
書を記事		TE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
P D B S	Male White WIDOWED V DIVORCED 16	
2,2,2 hd 2, hd	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
urs Pag 1 ag	truck driver chemical	new jersey U.S.A.
Page 3.		MOTHER'S MAIDEN NAME
PA P	Henry Zellers	Agnes Cryan
是 S E E S	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFO (Yes, no, or unknown) (Ifyesgivawarordatesofservice)	
d w ith f rmit rmit	136-26-8605	
Ter Ter I	18. CAUSE OF DEATH [Enter onfy one cause per line for (a), (b), end (c).)	INTERVAL BETWEEN ONSET AND DEATH
il in long ansita	PART f. DEATH WAS CAUSED BY: findediate cause (e) Crushing injury of che	
e a le la	8/6 X xxxxxxx wall	
uld in p Offic ouris	Conditions, if any, which (b)	
sho 's's' rem	gava rise to Immediate cause (e), stating the underlying DUE TO	
ndir iner iner d as	cause last. (c)	
"pe "pe use use ion,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
ord al E	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 20b. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING TO CONTRIBUTING TO CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED. (Enfor r PRIMARY TO CONTRIBUTING TO CAUSE OF DEATH.	YES NO
Thi Thi	200. EXTERNAL CAUSE WAS PRIMARY TO OCCURED. (Enter r	nature of injury in Pert f or Pert II of item 18.)
Sh Sh	Ran Into Dack Of a	acid truck
Chief Spar	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE O	
Pag r to	Hour e.m.	Hgwy. Baltimore, Maryland
cate cate of the prior	21. I certify that I took charge of the remains described above, held as	
THE COUNTY	death resulted from: Natural causes . Accident x, Suicide	, Homicide , Undetermined manner
DIC e ce age	() V. O	CHIEF MEDICAL EXAMINER
At NO pe	ACTUAL SIGNATURE IN W Rellend	Medical Investigator X ASSISTANT MEDICAL EXAMINER DATE SIGNED
SAI gana		DEDITY MEDICAL EXAMINED
exe desi	NAME (Type) Peter W. Rieckert, M.D.	Address (Street, city, town, or county)
shoul FUN FUN	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREATERY	MATORY 22d. LOCATION (City, town or country) (State)
0 940 9	removal 10/3/61 St./Josephs/0	
VC ATEMS	23. FUNERAL DIRECTOR ADDRESS	248. REC'D SY REGISTRAR 246. REGISTRAR'S SIGNATURE
VS. A15ME 5M 9/60	William E. Johnson 1557 Northern Pky	My. DACT 4 '61 Cirtus S. Thrus

SETTI TO THE PROPERTY OF THE PARTY OF THE PA wheel out out the land things a stablished to easily refigie) the files and the files 10/14/25 Trink ariver toward annual that to mait in the Williams and a surface and the surface Sept Leafer Day 15 of the 15th State The state of the s Moster than the transfer of the tolerand

Militam a. John . werd american feel accuson . a marfill

F

er death. Page

ATTENDING PHYSICIAN: The law requires that the death certificate

80.m

